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ABSTRACT

This manual, the second in a three-volume series on counseling older adults, is intended to help service providers who work with older adults, to learn, practice, and develop communication skills. The format for the units consists of a statement of objectives, followed by an introduction and overview of the contents. Informative text, skill building activities, and a summary are also provided for each unit. The first unit introduces learning helping skills. Unit II presents information about the biological, psychological, and social aspects of aging. Unit III provides a self-exploration exercise focusing on attitudes about older adults. Unit IV describes the various components of a helping relationship, and unit V describes communication roadblocks, and skills for improving communication with older persons. Unit VI introduces more advanced communication skills, including interviewing and assertive techniques, the life review, and problem solving. Unit VII covers ending helping relationships as well as ending single encounters and referrals. Unit VIII discusses community resources and family or informal supports of older persons. Unit IX contains information about different groups of older persons including minorities, substance abusers, physically impaired persons, the dying, and the bereaved. Unit X provides hints for persons working with older adults in different settings such as community services, hospices, long term care, and in-home care. The final unit covers the importance of continued growth, and describes support groups of fellow workers as a valuable resource. The manual also includes a glossary of terms, a directory of field test workshop participants of the National Project on Counseling Older People, and an index. (JAC)

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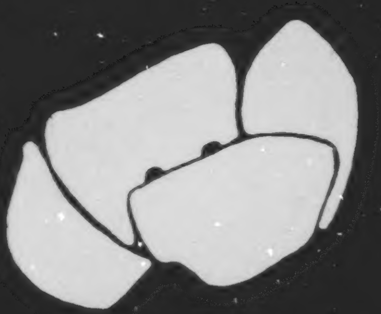
COUNSELING OLDER PERSONS

Volume II

BASIC HELPING SKILLS FOR SERVICE PROVIDERS



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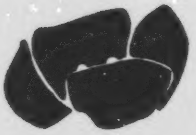
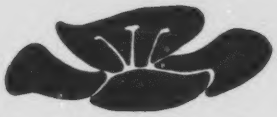
The logo depicted below and on the back cover was commissioned originally by Mary L. Ganikos to be the logo of the Special Training Project on the Aged, APGA's first Aging Project. The symbol depicts three stages in the life cycle of a flower. An analogy can be made easily between this logo and the life cycle of a person, with life in full bloom in older adulthood.

We have maintained this logo for the National Project on Counseling Older People; however, we are using it in a slightly different way. Each flower or stage of the flower's development is associated with one of the manuals in this three-volume set.

The flower in its bud stage is associated with *Volume I, Guidelines for a Team Approach to Training*. This reflects our firm commitment to the belief that a team approach is vital to the successful development of ongoing training programs.

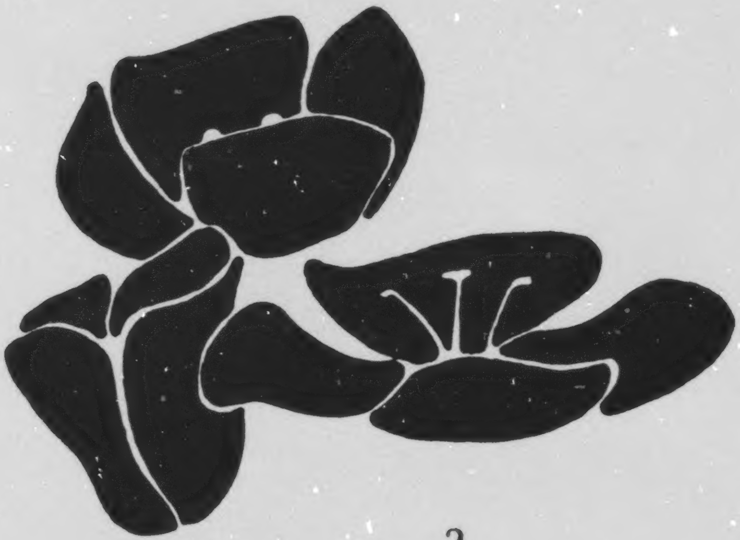


The flower beginning to bloom is associated with *Volume II, Basic Helping Skills for Service Providers*, and reflects an awareness of the vital and growing needs of service providers to older persons for training in basic helping skills.



In full bloom, the flower is paired with *Volume III, A Trainer's Manual for Basic Helping Skills*, to signify that the training program developed by the team for service providers will reach fruition with the input of skilled and knowledgeable trainers.

As is true of the life cycle of the flower shown below, all three parts are necessary for a complete whole to exist. These three manuals are designed to be used as a set. We hope you will use each to most advantage in your situation.



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COUNSELING OLDER PERSONS

VOLUME II

BASIC HELPING SKILLS FOR SERVICE PROVIDERS

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AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION
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AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION

Dedication

To all of the Service Providers
who will read this book,

and

To all of the older persons
who will benefit from their
skills.

MANUAL DEVELOPMENT

The process of developing these manuals included a number of steps designed to ensure that the final product would be tailored to the needs of the target population and usable. Early in the project period the advisory board developed a tentative table of contents for a helping skills manual. This was reviewed by over 400 participants in a series of 10 regional training workshops, then revised by the project staff. Authors were selected to write the various units. The initial drafts were edited, then field tested in 5 sites with 150 service providers, aging network administrators, and counselor educators who represented the population of eventual users of the materials. Based on their input, the helping skills manual was revised and divided into the existing two books — a text for trainees and an accompanying manual for trainers.

The completion of this training manual represents a cooperative effort on the part of many agencies and individuals. The staff of the National Project on Counseling Older People wish to express their gratitude to all those who provided support over the past two years. Among the many who so generously helped, particular appreciation is extended to the following people:

- Mary L. Ganikos, who directed APGA's first aging project, conceptualized the National Project on Counseling Older People, developed the grant proposal for funding from the Administration on Aging, capably directed the project for the first year of its operation, and has since provided needed expertise, support, and encouragement.

- Jane Howard-Jasper, for assistance in writing the grant that resulted in this project, for technical advice and consultation, and for her continuous support and encouragement beyond that required as APGA liaison to the Project.

- Sean Sweeney, for being the best possible project officer, and for his guidance and counseling.

- Charles L. Lewis, P. J. McDonough, and Frank Burtnett for their support and willingness to lend assistance and expertise as needed.

- Bob Benedict for continuing support of the project and gerontological counseling while Commissioner on Aging.

- The AoA Regional offices, for their review of project materials, assistance with recruitment of participants, and dissemination of materials. (Special thanks to Regional Program Directors Clint Hess and John Diaz for their help with this manual, and to Paul Ertel for inviting the staff to a regional dissemination workshop.)

- The AoA Regional Education and Training Programs for their help, especially Project Directors Gary Houser and Bernice Parlak.

- The many persons who participated in our regional workshops, held the first year of the project, for their comments and suggestions concerning the content of the manual (these persons are listed in the companion volume Counseling Older Persons: Guidelines for a Team Approach to Training).

- Kathey Leshko, Frank Sorenson, Zahea Nappa, Sally Van Zandt, and Milledge Murphey for their help in arranging and conducting the field test workshops.

- The persons listed in the back of this book who participated in the field test of these materials and provided their comments for the editors and authors.

- George Cleland for editorial assistance and needed levity.

- Mary Beth Whitaker, Edith Dumouchel, Louise Hirst, Ruth Rolston, and Nancy Freiert for their dedicated typing assistance.

- The project advisory board, listed on the following pages, for their assistance in conceptualizing the project and manuals, and for their many reviews of manual materials.

- Each of the authors for this manual, whose dedication and concern enabled them to prepare and revise, as needed and in brief periods of time, the information contained in this and the accompanying trainer's manual.

- Jim Budd, Mary Trimble, Bruce Fried, Mike Quinn, and Herb Blinder for their provision of needed leisure support services for the manual editor and project staff.

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USER's GUIDE

This manual was written for service providers who work with older people. Its purpose is to assist you in learning basic helping skills. Service providers may use it to study alone or with a trainer. Those units that concentrate on building skills are best learned if studied with a trainer. Formal training programs can also provide support and opportunities for practice with a group of fellow trainees. Some units can be studied alone, and all the units can be used as resources after the training program is completed. Further information may also be presented by the trainer in conjunction with the trainer's manual, which is described elsewhere.

The units in this manual are arranged in a logical sequence to help service providers learn, practice, and develop communication skills gradually. To make learning easier, the structure for each unit is similar. Each begins with a statement of OBJECTIVES for the unit, followed by an INTRODUCTION AND OVERVIEW of the contents of the unit. Reading this will tell you what is in the unit and what will be expected of you. Knowing this can help you prepare for learning the material. Each unit is divided into SECTIONS. Different topics and information are contained in each of these. Some of the sections are further divided into PARTS.

One or more SKILL BUILDING ACTIVITIES are included at the end of each section to help you learn the information, and to help you begin to apply what you are learning. Some of the activities are in the form of questions for you to think about. Space to write-in the answers is provided. Others require you to think about an answer, discuss it with someone, or engage in an activity. A SUMMARY at the end of each unit will help you review what you have learned.

Begin the training by reading Unit I, which provides a rationale for the approach to teaching basic helping skills used in this manual. Unit I also explains many of the terms used throughout the manual and provides an overview of the information in each unit.

A GLOSSARY of terms is included at the end of the text. You may want to refer to these definitions as you see how the terms are used in each unit, and later as you encounter them in your reading and group discussions.

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PREFACE

Each day all of us come into contact with many people, including older people. Because of our occupations or general life situations, we may have varying degrees of contact with older persons. The worker in the nutrition site interacts extensively with older people, while older people may comprise only a portion of the nurse's clientele. Nevertheless, we all interact with older persons to some degree. Further, with the expanding size of the older population, each of us can expect to have increasingly more contact with older persons.

As expressed so eloquently in this manual, most interactions in which we engage have an impact on the other person — for better or for worse. If you reflect for a moment on even the brief day-to-day encounters that you have with others, it will seem clear to you that few, if any, fail to affect you in some way. Oftentimes it is not what the other person says, but rather how he or she communicates the message. Frequently we want very much to be of help to others but are at a loss as to how to express ourselves in order to be most effective.

Over the years research consistently has validated that adequately developed skills in basic communication make a significant difference in the quality of our relationships with others and on the impact we have on their lives. Further, we have learned that healthy communication and relationship building skills are not innate, but can be taught, learned, and integrated into our spontaneous patterns of interaction. Increasingly we have witnessed the introduction of instruction in effective communication into diverse situations, between teachers and students, parents and children, and spouses, to cite only a few. Until recently, however, slight attention has been focused on helping those who work and interact with older persons to add to their repertoire of skills those that promote healthy communication, personal growth, and relationships characterized by mutual respect and caring. This is unfortunate in view of the literally thousands of service providers and volunteers who come into contact with older people on a regular basis, who provide much needed services, who have a sincere desire to help, and who could be of even greater assistance given adequate training in basic helping skills.

Each and every provider of service to older persons is in a prime and, perhaps, singularly unique position to make life more meaningful for the older persons they serve. They enjoy an enviable opportunity to simply bypass many of the roadblocks that historically have confronted the traditional mental health system, including barriers such as stigma, accessibility, cost, and acceptability. By virtue of their direct and regular contact with older persons, service providers clearly are accessible. Many already have established the groundwork for the development of an ongoing caring and trusting relationship. Stigma and cost of services such as outreach are, at least, reduced. For these and similar reasons, service providers can expand significantly the efforts of the mental health system by serving as paraprofessional counselors, peer counselors, or referral agents.

Perhaps one of the most significant roles the service provider can perform is that of friend and chief confidant. I am reminded continually of and impressed by the work of Lowenthal and Haven, which demonstrates that merely the presence of a confidant in the life of older people makes a significant difference in individuals' ability to weather successfully many of the profound losses that are more frequent in later age than in younger ages, including death of spouse. Yet, to varying degrees, older persons experience a loss of significant others together with the corresponding interpersonal contact and support. Some may have exceptionally limited opportunities for interpersonal contact. An extreme but not necessarily unique case is the homebound older individual whose only daily human contact might be the meals-on-wheels deliverer or the homemaker-home health aide. By becoming a confidant to their clients as they perform their respective job responsibilities, these and other service providers can be a major source of comfort, companionship, and support to an older person.

Many claim that the mental health system has failed older persons. While significant but sporadic inroads have been made, we are only beginning to institute in an orderly way the comprehensive system and to offer the nontraditionally based services that are warranted if the unique needs of older people are to be met. Clearly a major part of a viable and comprehensive mental health system for older people includes training those who already work with elderly individuals in basic helping skills.

To this end, the American Personnel and Guidance Association (APGA) has made a much needed contribution in the publication of this manual, which presents communication and referral skills in a most meaningful context for workers in gerontology. The manual not only presents and describes these important skills, but also provides significant additional information that makes it a most comprehensive tool. The units are sequenced logically and proceed from more general and basic to more complex and specific skills and information. A brief overview of the developmental period of old age primes the reader for the balance of the manual. As should be, the user is challenged to examine carefully his or her own attitudes toward older people prior to engaging in skill building. Explanation of the characteristics of a helping relationship provides a solid foundation for the subsequent skill building units. Effectively terminating a helping relationship or single encounter frequently may be even more difficult than initiating and maintaining one. This manual guides the reader through the closure process as well. Often a single concrete dilemma can restrict severely our daily functioning until it becomes resolved. Through this manual, users can learn to guide older persons through simple problem resolution. The manual also affords the user an opportunity to learn how to better assist older persons in reconstructing informal support systems that may have become constricted, and to make optimal use of the formal supports that can extend opportunities for independent living and preclude unnecessary institutionalization.

Recognizing that neither older people nor service providers are homogeneous groups, the manual carefully addresses these issues. Information about and suggestions for working with special subpopulations of older people or those who may be facing special life challenges are presented thoughtfully. By virtue of their respective responsibilities, service providers in different employment capacities have unique intervention opportunities; these also are presented in this manual. In concluding with a futuristic focus on additional training needs and opportunities, the manual commendably underscores the necessity of continuing education and provides ample direction for engaging in such endeavors.

Equally as important as the subjects covered is the caliber of the publication. Written and edited by some of the most knowledgeable and sensitive authorities in gerontological counseling, this manual is of exceptionally high quality. Its breadth, depth, quality, and specificity all contribute to its utility and worth.

In producing this manual, the American Personnel and Guidance Association clearly has made a major contribution to the field of gerontological counseling — one which will have a wide and lasting impact on the lives of older people, and one which again confirms my pride in being a member of APGA.

Mary L. Ganikos, PhD
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UNIT I

INTRODUCTION TO LEARNING HELPING SKILLS

Pamela Finnerty-Fried

Pamela Finnerty-Fried was Aging Project Coordinator with the National Project on Counseling Older People in 1981. Currently she is an Instructor in the Rehabilitation Counselor Education Program at The George Washington University in Washington, D.C. She completed a Certificate in Gerontology in 1981 and will complete her PhD in Counseling and Human Services at Florida State University in 1982. She received a BA in English in 1971 and an MEd and an EdS in Counseling in 1974 from the University of Florida.

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OBJECTIVES

When you have finished this unit successfully, you will be able to:

- distinguish between formal and informal helping.
- identify the goals of the overall training program.
- identify the general content areas to be included in the training.
- recognize and understand your role as a service provider in learning communication skills.

INTRODUCTION AND OVERVIEW

Those persons who work with older people and help them meet their daily needs are called Service Providers. You are a service provider, and this book is written for you. You have a unique and important role to fill, and you make a difference in the lives of many older individuals. The purpose of this training manual is to help you make even more of a difference than you do now. You can do this by learning the skills and information in this book and by becoming a better communicator in your daily contact with older people.

If you see older people every day, you know that some have problems and difficulties. Of course, this is not true of all the people with whom you work. Some of the people you see may be doing quite well. But, sometimes we all can feel better after talking to someone who is a good listener, who seems to really care, and who helps us feel at ease and understood. Through the information and exercises in this manual, you will learn to improve your listening and communication skills. You see older people with different levels of need each day, and it is our purpose to help you become more helpful to them.

In this unit we will explain what is meant by some of the terms used in this book. A glossary at the end of the manual will help you whenever you find an unfamiliar term in the book. The philosophy of helping that has guided the development of this manual will also be described in this unit. This philosophy has been essential to all aspects of the National Project on Counseling Older People, including the development of this manual.

SECTION A — SERVICE PROVIDERS AND OLDER PEOPLE

This manual is geared to the needs and experience level of service providers in the aging network. Who are service providers and what do they do? As you know, there are many different services available to older persons through programs authorized by the Older Americans Act. Other related programs are sponsored by state, county, and local governments, by voluntary, church, self-help, fraternal, and community groups, and through a number of other sponsors.

It is not the purpose of this manual to describe these different service-delivery systems, although Unit VIII does include a practical guide to them. It is our goal to point out that you are not working alone. In one way or another you are a member of a team working to improve the quality of life for older persons.

You may be helping older persons meet many of their basic needs. The older persons you see every day may be healthy or impaired men and women in institutions or at home.

You are a team player, and you are important. Your role varies from that of other service providers, but you are important to older persons who see you every day. They have learned to trust and depend on you, and you have a history of being helpful to them. You have in some way provided a service. Perhaps you have delivered meals, or provided transportation, or greeted older persons in senior centers. You may work in a hospital or nursing home, and you may visit older people in their homes to help in various ways. You may be in training to be a peer helper or an aide, but you are helping whether you are paid or a volunteer. You have shown that you care simply by choosing to provide services to older persons.

Skill Building Activities

1. Think for a moment about your job and the work that you do. How much of your day is spent talking to or communicating with older people?

2. Have you ever not known how to respond to a statement made by an older person?

3. Have you ever been at a loss for words?

4. Have you ever felt that an older person had problems beyond anything you could do to help?

SECTION B — LEARNING HELPING SKILLS. WHAT CAN YOU EXPECT?

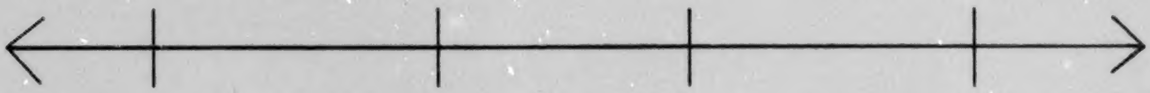
Though each person brings different experiences to communication skills training, everyone shares the capacity to improve his or her own ability to be helpful. This includes trainers, for no one ever "finishes" communication skills training. There is always room for improvement and continued growth. This is one of the things that makes learning so exciting.

There is something else that is exciting about this approach, and that is the philosophy and beliefs about older people that underlie this training. We see older people in a positive way, capable of growth and creativity throughout their lives. Our role as helpers is generally to help older people help themselves reach their maximum potential for growth and fulfillment. As a service provider, you know that this view is difficult to apply to people who are emotionally troubled, who have financial difficulties, or who are ill. Specific issues that older people may face are covered in Unit II. For now it is enough to point out that older persons face many roadblocks. As a service provider in aging you work every day to help older persons overcome these road-blocks. It is important not to make older people more dependent than is necessary. You can help them in different ways while maintaining a high degree of respect for their independence and ability.

This manual will not train you to be a professional counselor or therapist. These people are called formal helpers. Their major responsibilities involve talking with people about their problems. Through counseling and the development of action plans, they help people cope more effectively. You are an informal helper. Your major job is to provide some specific service to older people, yet you still communicate with them throughout your working day. You are a service provider who will be trained to improve your helpfulness by being a better communicator.

It might be easier to picture your role in relation to that of the professional counselor if we view mental health care as including a range of services. Varying degrees of difficulties and problems require more, or less, intensive interventions. These general categories of problems and types of interventions can be placed along the continuum, or scale, shown below. The least severe problem with the minimum intervention is on the left; the level and intensity gradually increase as you move to the right. It is important to remember that this continuum is a general model. Each individual has unique needs and different strengths or abilities to cope with problems. These needs and abilities can change over time, even from day to day.

CONTINUUM OF HELPING SERVICES



SITUATION:	No Major Problems, Usual Daily Challenges	One or More Life Problems	Crisis, Multiple Problems, or Serious Problems	Major Problems; Not Able to Cope Effectively
CARE NEEDED:	None, or Natural Supports Only	Informal Helping	Formal Helping	Formal Helping: Possibly Medical Intervention, Hospitalization, Medication, or Long-Term Care
WHO MIGHT PROVIDE CARE:	(1) Family, Friends, Neighbors	(1) and (2) Service Providers, Peer and Paraprofessional Helpers	(1), (2), and (3) Professional Counselors, Psychologists, Social Workers	(1), (2), (3), and (4) Psychiatrists, Psychologists, Care Team (Psychiatric Nurses, Social Workers, Counselors, and Aides might be part of care team)

The system outlined here may not apply to every person. It is being shown as a picture of where the service provider as a helper fits into the system in relation to professional counselors and mental health personnel. This scale shows the range of "difficulties in living" above the line. Below the line is the type of service or helping that the person might need. It is important to remember that a person can move back and forth along this continuum as changing stresses and supports alter the need for help.

In any of the positions along this continuum, it is possible that more than one kind of help is needed. Service providers, social workers, and medical personnel might work with the same older person. Ideally these people would work together as a team, though this is not always the case. The basic point here is to show the range of mental health services and how the informal helping provided by service providers fits into this scheme and into the lives of older persons.

You may learn more about the problems some older people face, particularly when you read Units II and IX. You will not, however, have the same responsibilities of professional counselors to help resolve those problems. You have your own role to fill, and it is an important one in the lives of older persons. It is the purpose of this manual, and the training program in which you are involved, to help you improve your effectiveness as a communicator. This will enable you to be more effective in the job you now have.

The difference between your role and that of the professional counselor is not always clear. Confusion can result from the use of similar terms. It is important to remember that you can learn and use helping skills in your role as a service provider to older persons. If you want to become a professional counselor, advanced skills and conpetencies can be learned through college course work.

As a service provider training in basic helping skills, you can help many older people remain independent and free of the need for counseling or therapy. Professional counselors and psychologists are trained to help older persons whose coping abilities are impaired or who have suffered multiple losses. There may be times when you recognize the need for professional help in the older people you see. Some problems are quite complex, and it is important to recognize the limits of your ability to help. This is as important to the well being of the people you serve as the actual helping or services you provide every day. Part of this manual, especially Unit III, will help you understand yourself and recognize your strengths and weaknesses. Information about legal and ethical aspects of helping will also be included. You have shown that you truly want to be helpful to older persons. This material is meant to assist you to improve that helpfulness.

Skill Building Activities

Write down the answers to the following questions:

1. How can you define the role of a professional counselor?

2. What does it mean to you to be a good communicator?

3. How does this differ from being a professional counselor?

SECTION C — WHY DO I WANT TO LEARN HELPING SKILLS?

There are many ways that improving your communication skills can be helpful to you and to older people. In some ways these skills will make your work easier. You will be able to express yourself more clearly and listen more attentively. This can actually help ease the potential strains on your job. You also will be able to communicate more readily with your family, friends, and peers. You may find that you are better able to request the help you need from your own "support system" of coworkers and friends. Such a system can help prevent your becoming emotionally drained by helping others.

There are many benefits to the training program you are about to begin. In general, you may find that as you communicate more effectively in one area of your life, you will find improvement in other areas as well. You are here because you want to be more helpful, and this manual is designed to be an aid in that process.

You have a very important role in the lives of older people. You see people every day who need an attentive listener and a helping hand. Learning the skills in this manual will help you fill an existing gap in community services. There are not enough professionally trained counselors to meet the needs of older people. As a service provider, you can provide many kinds of assistance and perhaps even help prevent the need for professional intervention. You are there "on the line," a valuable member of a team, and as you improve your communications skills you will become even more helpful to older people.

It is not easy to return to the "student" role, especially if you have been away from training for a long time. This training is meant to enhance or improve your existing capabilities, and need not be a threat. It should and will be a challenge.

SECTION D — USING THIS MANUAL

The topics in this manual are presented in a sequence designed to build your helping skills gradually. If you think for a moment about a skill you have acquired, you will remember that the new behavior did not feel comfortable immediately. Think about learning to ride a bicycle as an example. At first the bicycle was wobbly. You felt awkward and longed to return to the security of your own two feet. Gradually you felt more at ease on the bicycle, and before long riding a bike was almost as natural as walking, and far more efficient.

You will find that learning communication skills is a similar kind of process. At first the exercises and approaches will seem awkward and artificial, and you will long to return to your familiar way of talking. It is very important that you resist the temptation not to follow the directions. You will find that with practice — and practice is a very important part of this training — you will gradually become comfortable with the new patterns and skills. Even more importantly, you will find that like riding a bicycle, improved communication can carry you much further more quickly in helping the older persons with whom you work.

Uses of the Manual

This manual will help you develop improved communications skills. You may be using it as a text in either in-service or preservice training with the help and guidance of a trainer. The units follow one another logically, but each one can stand alone. It is possible that your trainer will select certain units for study that he or she believes to be most useful or important. You may be reading the whole manual as part of your training, or you may be reading only those parts assigned by your trainer. The units not included in assignments can be used as a reference, or resource for further information. You can read the material alone or on your own, or even schedule readings with a support group. These groups, which continue to meet after the structured training sessions end, are described in detail in Unit XI.

This manual also can be used as a resource in self-help groups. These groups meet to develop ways the members can help and support each other. The manual can be a valuable resource in training people to help one another more effectively. Of course, a trainer will still be needed to help you learn and develop many of the helping skills presented, especially those in Units II, IV, V, and VI.

The basic helping skills activities are most effective when practiced with other helpers-in-training. The supervision and assistance of a skilled trainer is very important. When practicing a new skill, learning to perform it correctly is an essential first step. Trainers can provide useful feedback on the correct performance of the skills. If no trainer is available, however, much can be learned by practicing the skills with other persons interested in learning communication skills. You may enlist the aid of a trainer from time to time to be sure that you practice the new skills correctly. Your local community college, university, or community mental-health-center staff can be helpful with this process.

The information in this manual can also be a resource as you encounter new situations and have a desire to learn about specific skills, situations, or groups of people. For example, you may find that your job changes and you will be seeing members of a certain minority group more each day. You may want to turn to Unit IX to read more about background, expectations, and customs of this group. Or perhaps you will find yourself in a situation that requires your using one of the skills you have learned. You may want to reread the specific section in the text, and even practice with a friend, in order to be assured of using the skill effectively. This manual is meant to be used as part of your continuing training and can be used in the different ways described.

SECTION E — OVERVIEW OF MANUAL

Each unit in this manual has specific learning targets or objectives. By reading these and the introduction, you will know what the unit contains and what skills or information you will be expected to learn. As mentioned earlier, the manual follows a logical sequence. Unit II is entitled "Growing Older: A Few Important Points to Consider." Information about biological, psychological, and social aspects of aging are included. It will not tell you everything there is to know about aging, since that is not the purpose of this manual. Rather, this unit lays a foundation of basic knowledge on aging that is essential in improving communication with older persons.

Unit III, "Know Thyself," is a special kind of self-exploration. When you learn more about yourself, you will be more effective in helping others learn about themselves and overcome, or learn to accept, their problems. You will also be looking at your beliefs about people in general and about older people in particular.

Unit IV, "What Is a Helping Relationship?" describes the various components of a helping relationship. The main qualities found in effective helpers are also described. It is important to realize that no one has all of these qualities, but we all have some of them to varying degrees. It is possible to develop and improve these qualities by learning the skills in this book.

"How Can I Build and Maintain a Helping Relationship With Older People?" is the title of Unit V. This very important unit describes the roadblocks to communication and introduces the skills for improving communication. A variety of basic helping skills are discussed, and you will spend some time learning about each.

Unit VI, "Specialized Techniques to Help Older People," introduces more advanced communications skills. These include skills in interviewing, being direct, and the life review, among others.

Unit VII, "Saying Goodbye: Endings in Relationships," covers the ending of helping relationships as well as the ending of single encounters and referrals. The following unit (VIII) is "How Can I Make the Best Use of Support Networks." This area is especially important in learning about community resources and family or informal supports of older persons.

Unit IX, "Using Helping Skills with Special Populations," contains information about different groups of older persons. The unit discusses minorities, substance abusers, physically impaired persons, and those who are dying or who are bereaved.

Unit X, "Special Tips for Specific Workers," provides a number of hints or "tips" for people working in different settings. Guidelines for community service workers, hospice staff, long-term care staff, and in-home workers are included.

The final unit is called "Keeping Up the Good Work." This unit covers the importance of continued growth and learning after the training ends. Support groups of fellow helpers are also described as a valuable resource to improve skills and help keep you from becoming emotionally drained by overinvolvement in your work.

SUMMARY

This unit has provided an overview of the training you are about to begin. The rationale for the training and the possible benefits you might experience have been outlined. All of this has been presented so you know what to expect and therefore can be better prepared to proceed.

UNIT II

GROWING OLDER: A FEW IMPORTANT POINTS TO CONSIDER

Harvey L. Sterns

Ronni S. Sterns

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Dr. Sterns received his AB from Bard College, his MA from the State University of New York at Buffalo, and his PhD in Life-Span Developmental Psychology from West Virginia University. His research activities and numerous publications include work on topics such as changes in perception, motor function, intelligence and problem solving with age, adult education, and industrial gerontology. He has been a consultant to numerous organizations, federal agencies, and foundations and has been selected as a Delegate to the 1981 White House Conference on Aging.

Ronni Sterns received her Master's Degree in Anthropology from Kent State University in 1978. Currently she is a doctoral candidate in the Department of Sociology and graduate level certificate student in the Institute for Life-Span Development and Gerontology at The University of Akron. As an interviewer in survey research and as a Remotivation Therapy Group Leader, she has worked with healthy and ill older persons. Her primary areas of research and professional paper presentations include family processes and ethnic differences among older people. She has been a consultant and guest lecturer on the issues of retirement.

OBJECTIVES

When you have finished this unit successfully, you will be able to:

- identify and understand some of the biological, social, and pschological aspects of aging.
- identify the special needs of older people experiencing change.
- demonstrate the understanding that all older persons are unique individuals who experience the various aspects of aging in different ways.
- recognize the importance of helping older persons function as independently as possible.

INTRODUCTION AND OVERVIEW

Today the study of human development covers the entire span of life from birth to death. Both the words development and aging describe the dynamic process of change over the life span.

The aging process includes all the biological, social, and psychological changes we undergo from birth to death. At the same time, we are also studying those biological, social, and psychological aspects that continue relatively unchanged throughout life. Many of us are first children, then parents, then grandparents. During all this time, however, we are in many ways the same person. We go through physical and emotional changes and have many different experiences, but we usually continue to relate with the same family members over the years. Thus, development over the life span includes how we remain the same and how we change over time.

This unit will look, in very general ways, at what gerontologists (those who study aging) know about older people. We will look at the changes that occur in most people's lives such as marriage, relationships with family members, work, and retirement. We will also look at the special events of life that may happen to only a few older people, such as accidents, divorce, health problems, and death of loved ones. We want to look at the needs of all older people and discuss the special needs of those who have difficulty adjusting to change.

SECTION A — WHO ARE THE AGING?

"We have met the aging and they are us" was printed on the t-shirt a friend brought back from a training session. It points out that we are all growing older and that the U.S. is growing older because of us.

In 1930, 5 out of every 100 people in the United States were 65 years old or above. In 1980, about 25 million Americans were 65 or over. This represents 11 out of every 100 people in the United States — every ninth American. The age group in our population which is increasing most quickly consists of those individuals who are 75 years and older. These increasing numbers of old people will affect how we live in the future. We can expect changes in every aspect of our society and living conditions. Family relationships, housing, medicine, business, employment, leisure, and education will all change in some way (Brotman, 1980).

The study of older people is called gerontology. The use of medical knowledge in health care of older people is called geriatrics. Through the intense efforts of researchers and care providers, new knowledge has changed many previously held ideas about the aging process and older adults. Also, over the last few generations, there have been many changes in the general characteristics of older people.

Most older people lead satisfying lives. But if an older person begins to have difficulty, he or she must receive support. Family and friends usually provide this help, but some older people do not have family and friends to help them. This is when community volunteers or service providers can help. Sometimes an older person's family also needs help from these service providers.

"We're not getting older, we're getting better" is a phrase we hear a lot today, and for most people it is true. Most older people in the United States (about 80%) live in their own homes and are in relatively good health. About 25% of older adults have incomes below the poverty level and experience financial difficulties. Cash income usually drops about 50% when people retire, although many have assets such as private savings accounts. Most people over 65 own their own homes. The proportion of needy old people is the same as the proportion of needy young. Many older people feel the effects of inflation and worry about the future. This is something we all worry about, but the older adult may not be able to increase his or her income as easily. It is important to remember that for every poor older person, there is a rich older person in this country. In summary, most older people in the United States live independently in the community, are relatively healthy, and have adequate money to live on.

We have a two-edged sword in presenting information about older people. We want to present the positive edge: people live into old age with a great deal of happiness. This is important. We should be aware of what a rewarding and satisfying period of life old age can be for most of us. On the other edge of the sword are the difficulties and challenges that face older people. Some older individuals have had a hard time dealing with these challenges. Some have had problems throughout their lives. Others may have had more recent problems such as poor health or the death of a spouse. These older adults are the ones who need help from others in their daily lives.

Skill Building Activities

1. List 5 good things about old age.

2. List 5 problems that may be experienced by older people.

3. Of the good things and the problems you mentioned, which are also experienced by younger people?

SECTION B—AGING AS A DEVELOPMENTAL PROCESS

Although we are most interested in older adulthood, we must also think of the years that come before. We want to have a complete understanding of a person's life history. People may change for many reasons. People may develop in a certain way because they were born at a certain time in history. For example, those born in the early 1900s experienced two World Wars and the Great Depression. Their experiences are different than those of people born in the 1950s.

The life-span approach considers changes such as physical change, which may be common for all people. This approach also considers special events that may happen only to some people. The death of a loved one is an example of a "special" event. So are divorce, accidents, and poor health. These events may change people considerably. All of the ways that people may change across the entire life span are of interest. We are changing people living in a changing world.

A person's age no longer tells us much about the person's economic condition, marital status, and style of life or health. Most people do not change in the same way that others do. We begin as individuals, and our life experiences mold us into very distinct and unique persons. In fact, older persons are very different from one another because they have had so many years of unique experiences. Think about your classmates from school and how different everybody was. Some were short, and some were tall. Some were fat, and some were thin. Some were outgoing, and some were shy. Add 40 years of living to those classmates, and you have a group of people who are even more different.

Often the old and young see the aging process in different ways. A 1974 survey carried out by the National Council on Aging and conducted by Louis Harris (1975) provides an example. Of people 65 years of age or older, 12% said they had a "very serious" problem of loneliness. People who were 18 to 64 years old believed 60% of people over 65 were very lonely. Thus, we can see that younger people think older people are lonelier than they actually are. Loneliness among people 65 and over is no greater than among people under 65. While life may seem easier for most older people, there are many for whom life is difficult. The 12% who feel lonely represent only a small part of the total, but that small percentage means 3 million lonely older adults out of the total of 25 million older adults. We want you to understand that most older people are not lonely. At the same time, we want you to understand that loneliness is a very serious problem for quite a few older people. Their need is real, and something can be done to help them.

Information about older people in general may not be all that is needed for us to help specific individuals solve their problems. We need to use our special knowledge and problem solving techniques to help older persons. The next few sections of this unit present basic aspects of the aging process that form part of that special knowledge. This knowledge is a basis for looking at older persons. Our attitudes as helpers affect the way we use the helping techniques we will learn in this manual.

It is important to know the changes that occur in most older persons, and those that occur only for some. How special are the changes brought by a person's level of health, the kind of work a person does, the places he or she lives, the friends a person has, or how the person gets along with his or her family?

Skill Building Activities

1. Think of three people you have seen grow into old age. What experiences did each have that were the same? What experiences did each have that were different?

2. Over the years, have these three people become more like one another or different from one another?

SECTION C — BIOLOGICAL, PSYCHOLOGICAL, AND SOCIAL AGING

Today we see an increase in older adults aged 60 to 75. These "young olds" live their lives and feel much the same as people in the middle adult period. It is in the 75-year-old-and-above group, "old olds," that we see many of the physical and psychological changes that are usually thought of as aging. We do not want to focus just on negative aspects of aging for those 75 and above. Yet, many people in this age group continue to function very well.

Gerontologists talk about three kinds of aging: biological, psychological, and social. All three kinds of aging are related to how old a person is. A person's biological age refers to how much longer a person will be able to live, and how well his or her body systems are working. A person can be either younger or older, biologically speaking, than his or her age since birth depending on his or her state of health.

Psychological age refers to how well a person is able to adapt to the demands of living. How a person feels about changes in him or herself as well as change in his or her life are all part of a person's psychological age. A person's health may influence his or her psychological age. A person may feel young or old in response to life events. These feelings as well as health factors can lead to changes in the way a person learns, remembers, and solves problems. Changes in how a person acts and thinks are all part of psychological age.

Recent research shows that older people continue to learn, maintain intelligence, and function very well. Although there are changes in vision and hearing, for example, many of these changes can be corrected by glasses or hearing aids. For those individuals who have special problems, corrective surgery or special aids may solve the problem. Most of the time we can do something to help an older person. While some people do become blind or deaf, we can still improve the ways they can function.

It is never helpful to ask an older person, What do you expect for someone your age? Age is not the important factor in adjustment and response to treatment. One can be psychologically younger or older than one's age since birth depending on how well one can function and adjust to changing life circumstances.

Social age refers to the way people are expected to act because they are a certain age. Most people have very strong ideas about how people should act at a particular age. We have all heard the demand, Act your age! How we dress, speak, and act are part of our social age. Whether a person is working, married, has children living at home, has no children living at home, is widowed, and so forth, are all part of a person's social age. In the last few years, there have been changes that affect social age. People marry later, may have children later, or may start a second family late in life. Age since birth may tell us very little about a person's social age.

Biological, psychological, and social age are related to each other, but there may also be great differences for each person. People of different generations may show different rates of biological, psychological, and social aging. Thus, we have great differences between people who are born at the same time as well as great differences between people born at different times. No longer do we think of any age group as being the same, and this is especially true when we talk about older adults.

Skill Building Activities

1. Think of some older people you know. How many remain physically active: taking walks, swimming, engaging in other sports?

   How many are no longer as physically active as they once were?

   How many are not physically active at all?

   Are some of these people the same age?

2. How well do the older people you know handle the changes in circumstances that often occur in old age?

   Are some older adults better able to get along with these changes than other older adults?

3. We often expect people to behave in certain ways when they reach a particular age. At what age, if at all, should a person

   (write in age)

   a. begin to work? ____________
   b. marry? ____________
   c. have children? ____________
   d. buy a house? ____________
   e. graduate from college? ____________
   f. change careers? ____________
   g. retire? ____________
   h. slow down? ____________

4. How do you feel about a person aged 70 who . . .

   (check appropriate response)

   a. marries? ____ OK ____ not OK
   b. graduates from college? ____ OK ____ not OK
   c. begins to work? ____ OK ____ not OK
   d. changes careers? ____ OK ____ not OK
   e. does not retire? ____ OK ____ not OK

5. Think about your answers. How well do your answers to questions 3 and 4 fit the idea of "social age?" If you answered specific ages to #3 and checked "not OK" for some of the questions in #4, stop and think about how our ideas of social age place limits on individual behavior. Are these limitations fair?

SECTION D — PERSONAL AND SOCIAL DEVELOPMENT AND AGING

The term personality refers to the way a person reacts to other people, solves problems, and adapts to change. An individual's personality, including his or her reactions to the later life period, are strongly related to that individual's reactions to earlier life situations. Although we find that most people adapt well to the older adulthood period of life, we also find that a person's age has little to do with the way in which he or she adapts and reacts to old age. A person's way of dealing with current problems very often comes from that person's past experiences. People who have adapted well in the past will probably adapt well in old age. People who have not adapted well in the past may have similar difficulties in old age.

Another very significant part of most people's adaptation to later life is the way they relate to other people such as family, friends, and neighbors. Relationships are important throughout life. In older adulthood, relationships become even more valuable to the happiness of older people. People who have an active circle of family, friends, and neighbors are generally more satisfied with life. The nature of the friendship is important. People who have close, intimate, stable relationships with a person in whom they can share and confide their deepest feelings and thoughts, a confidant, are more likely to succeed in adapting to life circumstances. Thus, having a confidant is helpful for good mental health and feeling good about oneself. Having someone to talk to makes it easier to deal with demands of older adulthood such as widowhood, retirement, and other changes in one's social life.

A great deal of support to most older people is provided by family and friends. Less than 20% of older adults make use of formal community services. Those who do often have no other way to handle their personal needs.

The "best situation" is when an older person's natural support system of family, friends, and neighbors work in cooperation with the community services network to promote the well-being of the older individual. Community services such as transportation, telephone reassurance, homemaker, meal preparation, and personal care can help an individual continue living in his or her community. Those persons who do not have family and friends are more likely to be placed in an institution. Many older people in long-term care institutions have no other individuals who are able to care for them.

Approximately 5% of older adults live in some type of group housing. Of these, 1% live in congregate housing and the remainder are split between personal care and nursing homes. Special older adult housing, such as apartments, makes possible the development of new friendships. The development of these new relationships can add greatly to the lifestyle of the older person. Older adult clubs, centers, and nutrition sites for people living in single unit housing can also be a supportive environment for meeting other people. Keep in mind that most older adults do not necessarily need these important special supportive environments or services because their lives are very much as they have always been.

Skill Building Activities

1. Think of all the people you have known throughout your life — relatives, friends, neighbors, and acquaintances. Which of these people do you no longer see due to moving away, disagreements, or death?

   What new relatives or friends have you acquired?

   Which people have you continued to relate to for many years?

   Have any longstanding relationships changed somewhat over the years?

   How have they changed?

   How have they remained the same?

2. Think about the role of the confidant in people's lives. Do you have a person in whom you can share and confide your deepest feelings and thoughts?

   How has this helped you at difficult times?

3. In an emergency, who do you turn to for help?

   If you were ill for a few days and could not care for yourself, where would you go or who would come and help?

   If you needed someone to shop for you, who would help?

SECTION E — MENTAL AND PHYSICAL HEALTH IN THE LATER YEARS

Emotional health is one aspect of mental health. Emotional health in older adulthood involves being able to adapt to life changes. A major task of older adulthood is adapting to loss. Loss can include death of husband or wife, loss of friends, or loss of job. There may be less income, less ability to get around, and poorer physical health. There may be less opportunity for meaningful work and recognition. Income, housing, health, and social life are all factors that affect how a person feels. One way people can adapt to these changes is to build new friendships, find new things to do, and learn new skills.

Remaining active can be important in maintaining physical and emotional health. Older adults need to be encouraged to participate in physical, social, learning, and self-care activities. Lack of physical and social activities can lead to unnecessary physical limitations, social isolation, and confusion. The activities in which the older adult participates, however, should be his or her own choice.

Another aspect of mental health is self-esteem. Self-esteem refers to the ways in which people see and feel about themselves. Positive self-esteem is important to a person's happiness and adaptation to life. Individuals develop self-esteem in their daily interactions with other people. As an individual interacts with other people, those other people let the individual know whether or not he or she is acting in acceptable ways. Older adults must have opportunities to demonstrate competence in situations in daily living so that self-esteem and, hence, sense of well-being remains positive.

The older adult period can be a productive and satisfying period of life. Still, not all older adults age successfully. The ways in which a person adapts to change seem to be more important than age itself in causing emotional and other mental problems during the later years.

Stress and loss can become too demanding. Earlier ways of dealing with stress may be no longer effective. Too many pressures may become overwhelming. Feelings of grief, guilt, loneliness, depression, despair, anxiety, helplessness, and rage are not unusual and should not by themselves be considered mental disorders. When these problems remain unsolved, they may interfere with daily functioning and cause a great deal of emotional pain. Special assistance may be needed. There is a fine line at which these problems become severe enough to be called mental illness or disorders. When there are severe problems in functioning, great emotional distress, and symptoms such as confusion, memory loss, or unusual behavior then the older person should have an extensive psychological and medical evaluation.

When dealing with mental health issues, it is important to understand that the community service network and support systems are just beginning to take a strong diagnostic, therapy, and support approach. Very often medical practitioners share in the attitude that little can be done for the older adult. New geriatric knowledge is available, and every attempt must be made to help the older adult maintain physical and mental functioning to the best of his or her abilities.

Physical health very often affects how an older person adapts to his or her environment. Mental attitude frequently plays an important role as well. Two people with the same physical difficulties may not react in the same way. One person may ignore health problems while the other person may become worried about them.

In a recent household survey of older people living in the community, over two-thirds (69%) said their health was good or excellent compared with "others of their own age." Almost 22% reported their health as fair and 9% as poor.

Minority group members, residents of the South, residents of rural areas, and persons with low incomes were more likely to report themselves in poor health.

Counting the approximate 5% of older people who live in institutions as being in poor health, about one-seventh (14%) of all older people consider themselves in poor health.

The most frequently reported long-term conditions are: arthritis (44%), hearing impairments (29%), and vision impairments, hypertension, and heart conditions (each about 20%).

While over 80% of community-living older people reported some long-term condition, less than 18% said it limited their activity. Some 5% were confined to the house, but only slightly over 1% were bedridden. Almost 7% needed help in getting around, but less than 2% needed the help of another person. Less than 5% needed an aid such as a cane, walker, or wheelchair. Almost 6% could move around but with some difficulty.

Older people are subject to more disability, see physicians about 50% more often, and have about twice as many hospital stays that last almost twice as long as those of younger persons. Still, some 82% reported no hospitalization in the previous year.

Skill Building Activities

1. What are 3 changes that may occur in the lives of older adults?

2. What would you consider to be appropriate responses by the older adult to these changes?

3. What would you consider to be inappropriate responses to these changes?

4. Give 3 examples of situations in which adults may build their sense of self-esteem.

SECTION F — A CONCEPTUAL FRAMEWORK FOR WORKING WITH OLDER PEOPLE

One of the first things we need to think about when we work with older people is how different each and every older person is. Each person has a unique biological, psychological, and social history. We need to learn as much as we can about older people with whom we work. Only when we have a sense of their life histories can we begin to understand their current behavior. Then we can become aware of the person's strengths and weaknesses which have had an effect all through his or her life.

We also have learned that to be an older adult does not necessarily mean having problems. Very often when an older adult has difficulty, it is due to some major biological, psychological, or social change in the person's life. Most older people can solve many of their problems. Having help may speed up the process. Some older adults, however, may become unable to continue to solve life problems and may require help.

We know that practically all older people respond to assistance. The rate of success in response to assistance, diagnosis, and treatment is in most cases the same as with younger adults. Something can almost always be done to ease the daily life of older people. Unless there is some overwhelming biological problem, most people can improve with assistance. We know today that older people experiencing major biological change benefit from supportive, caring situations.

It is important to know what older adults can do for themselves and when they can benefit from available community services. One of the most creative aspects of working with older persons is to assist in problem solving that allows the older adult to maintain as much independence as possible. We must develop approaches in which the older adult may help him or herself in combination with resources provided by the natural support system and the various health and social services.

SUMMARY

Aging is a developmental process that goes on all through a person's life. There are great differences in people resulting from biological, psychological, and social aging. Many changes take place over a person's life in terms of family, work, and the retirement period. Most people make these changes with very little difficulty. Changes in health can affect a person's ability to adapt and can lead to changes in psychological and social functioning. When these changes are severe, suddenly appear, and last for a long period of time, then both a complete physical and mental health examination may be needed.

It has been well demonstrated that most older people live in communities and are in relatively good health. When older people have difficulty, they respond to assistance and treatment in the same way that most younger adults do. A major goal in working with older people is to make sure that the older person functions as independently as possible. Assistance should be offered only when it is absolutely necessary.

RESOURCES FOR FURTHER LEARNING

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UNIT III

KNOW THYSELF

Charles H. Huber

Alfred R. Wolff

Charles H. Huber is an Assistant Professor in the Counseling and Human Resources Department at the University of Bridgeport, Connecticut, and a Fellow at the Institute for Rational-Emotive Therapy, New York.

Dr. Huber did his graduate work at Florida Atlantic University and later at the University of South Carolina where he was first exposed to the field of aging and did his initial research regarding the delivery of counseling services to older persons. While in Columbia, South Carolina, he also served as a consultant to the Council on Aging, conducting "coping skills" training workshops for older persons in the community. Dr. Huber's present professional interests are in the area of marital and family therapy, cognitive-behavioral theory, and therapy coinciding with his work at the Institute for Rational-Emotive Therapy.

When Alfred Wolff completed his part of the final draft of this unit, he was serving as Professor of Counseling and Human Resources and Coordinator of the Specialization in Counseling the Aging, which he had initiated six years previously, at the University of Bridgeport. Recently, he officially retired and was awarded the title of Professor Emeritus.

He still teaches at the University of Bridgeport on a part-time basis and has an active schedule of workshop and conference presentations related to gerontological counseling. Most of Dr. Wolff's academic career was spent in student personnel services as a director of counseling and later as a dean. He was president of the Connecticut state branch of the American Personnel and Guidance Association and served as executive secretary of the New England Personnel and Guidance Conference for 24 years. He was a contributing author of the APGA publication, Counseling the Aged: A Training Syllabus for Educators.

OBJECTIVES

When you have finished this unit successfully, you will be able to:

- understand the importance that "knowing thyself" has upon your role as a service provider to older persons.
- explain clearly the basis of your motivation to work with older people in light of personal rewards gained or needs fulfilled.
- recognize and understand the potential effects personal problems and perceived strengths and weaknesses may have on your work as a service provider.
- identify "age biases" and understand how these biases can hinder the development of a successful helping relationship with older persons.
- recognize and use resources to continue learning to "know thyself" after the completion of this unit.

INTRODUCTION AND OVERVIEW

Those of us wanting to develop helping skills for working with older persons would do well to ask ourselves some basic questions. These might include questions such as the following:

How do I feel about the idea that I too will someday "grow old?"

How do I feel about the fact that I will someday die?

What is my reaction to tears and grieving?

Do I pity all those persons in the "later years of life," or do I take the opposite view and look at this period of people's lives as the "Golden Years?"

Am I willing to ask these questions of myself to understand better my desire to work with older persons and my feelings about them, even if such questioning may be painful at times?

These are some of the questions we hope you will ask yourself and eventually answer as you complete this unit. The unit covers a variety of topics to assist you. You will first explore why you may want to work with older persons. What is your motivation? This will be followed by a look at your personal needs and concerns so you can more clearly understand yourself and how you relate to older persons. The unit will also tell you what rewards you can gain from this type of work. Next, you will be asked to discover any age biases you may hold in regard to older people. Finally, we will summarize what you have learned in this unit and offer suggestions for ways to further your learning. Throughout the unit there are exercises to increase your ability to "know thyself." We urge you to take full advantage of these exercises by working on them as they appear at the end of each section, before moving on to the next section.

SECTION A — BEING A SERVICE PROVIDER

Being an effective provider of services to older persons requires that you first "know thyself." You will want to understand your thoughts and feelings, both positive and negative. This is often very difficult because even those of us who have committed ourselves to working with older people and believe that we hold no negative views about them can often dig up some "skeletons" when we take a closer look at ourselves. The importance of knowing yourself is illustrated in the following stories based on actual experiences.

Example 1: "A Helping Hand"

"You're having such trouble! Here, let me help you," said Millie, the new driver for Meals-on-Wheels, as she gently steadied the trembling hand of Olive Kelly and guided the spoon full of vegetables toward the woman's mouth.

For the next 10 minutes, Millie enthusiastically discussed the weather, the thriving tomato crop in her garden, and her married daughter's expected visit. The older woman listened and made few comments. Realizing that she was behind schedule in her deliveries, Millie prepared to leave. "But I'll be back tomorrow, Olive, and I'll cheer you up."

Millie never returned. Olive Kelly had called the director of the local nutrition program, who was Millie's boss, and strongly made the request that Millie not return. "Why she treated me like a child! She even fed me and had the nerve to call me by my first name when I had never even seen her before. What's more, she talked my ear off!"

Millie was crushed. "I don't understand this," she told the director. "I love old people and I want so much to help them. I know what it means to be lonely and sick."

Indeed, she does. A frail, weak child with few friends, Millie had received much attention and care from a grandmother whom she adored. She viewed her work in the nutrition program as an excellent opportunity to assist older people as her grandmother had helped her. She usually found her association with them comfortable, particularly if they sought her assistance.

Example 2: "The Griper"

Sara felt her pace slow and her mouth become tight with tension as she approached Mrs. Carroll's room.

"I just dread going near," Sara thought to herself. "She's so sloppy, just sitting in her chair with her stringy white hair, fleshy red face, and bathrobe always open exposing those large, swollen legs. She hardly ever returns my morning greeting and is always so critical of me."

"It certainly isn't personal," Sara reassured herself. "She's like this with everyone, but I'm going to reach her yet."

Slowly she opened the door. There was Mrs. Carroll sitting in the same chair at the far end of the room, her face grimmer than usual.

"Oh, Sara," she cried. "I couldn't wait to see you. My daughter was killed in a car accident yesterday."

Sara threw the sheets she was carrying on the bed, hurried to the sobbing woman, knelt, and gently drew Mrs. Carroll to her.

Things to Think About

How did their awareness and understanding of their own emotional needs and reasons for working with older persons influence the two service providers in these examples? Each example is discussed more fully below.

In Example 1, Millie might have developed a more successful helping relationship with Olive Kelly if she had understood better the reasons for her own strong motivation to work with older people. Basically, she still retained a childhood shyness and sense of loneliness. She was often fearful of having relationships with people of her own or a younger age. Her love for her grandmother had comforted her as a child, and she wanted to regain this security by pursuing a career in a field where she knew she would find many grandmother types. The reason for her becoming a worker with older people would not doom her to failure. On the contrary, her strong sense of commitment could have been a strength, if used properly.

Unfortunately, Millie was unaware of her own need for power over others, which was often satisfied in working with older persons whom she saw as dependent on her. She enjoyed the role of helper and could not understand why her efforts to do things for others were often viewed negatively. She failed to see that older persons may have strong needs for independence and often are struggling to keep their dignity and sense of worth. Nor did she recognize her own loneliness and resultant need for attention and companionship. She also had yet to understand the importance of listening; her talking without listening usually displeased people, rather than bringing her new friends.

Sara, the nursing home aide in Example 2, like many of us has much to learn about herself; but she was honest in looking at her feelings. She recognized her annoyance with Mrs. Carroll and knew that she was sometimes afraid of this lady whom she saw as overbearing. She also understood, however, that she was not the cause of the older woman's unhappiness and that the unpleasant behavior of Mrs. Carroll was not directed toward her personally. This enabled the aide to continue her efforts to be helpful. When a crisis occurred in the life of the older woman, she sought support from Sara, whose immediate response was both genuine and caring.

In both of these examples, attention needs to be focused on the appropriateness of the service provider's behavior, not just the behavior itself. Certainly there will be times when helping an older person to eat may not only be valuable assistance, but also a necessity. On the other hand, there are times when an embrace might cause feelings of resentment and hinder a helping relationship. In striving to understand what is best for those older persons with whom you work, it is important that you look within yourself and constantly ask yourself whether your actions are prompted first and foremost by your own personal needs or by the actual problems of those whom you desire to assist. You must strive to identify not only the variety of reasons you have for wanting to work with and provide assistance to older persons, but also any age biases that may affect your relationship with them.

Skill Building Activities

This exercise is designed to help you understand more clearly your reasons for working with older persons and how these reasons may help or hurt them.

1. List at least four reasons you have for wanting to work with older persons:

   a.

   b.

   c.

   d.

2. How might each of the reasons you have given above be helpful or harmful in your working with them?

   Reason a:

   Reason b:

   Reason c:

   Reason d:

SECTION B – MOTIVATION: WHY DO I WANT TO WORK WITH OLDER PERSONS?

People choose to become service providers for a variety of reasons. It is important that you try to understand your reasons. Otherwise, you may place your needs above those of the people you are trying to assist. Taken together, these reasons are called your motivation for working with older persons.

Part 1 - Personal Rewards

There are many answers to the question, What can I gain from working with older persons as a service provider? Most service providers experience a personal feeling of warmth and happiness in being able to assist older persons seek and obtain the best possible lives for themselves. Some helpers enjoy the closeness of friendships they develop with older individuals. Others appreciate the opportunity to learn more about themselves through such relationships.

Older persons have lived through a significant portion of history. Their experiences during the Great Depression, two world wars, and with raising children before many of today's modern conveniences were available are a few examples of interesting and memorable experiences they can share with those willing to listen. Many older people have faced very difficult problems as the years have advanced, suffering the loss of a spouse or close friend, experiencing failing health, or discovering the reality of a sizable reduction in income. Many older persons cope successfully with these problems and losses while maintaining a positive approach toward living. Working with such older people can indeed be inspirational and can give service providers a feeling of optimism. Although faced with many possible concerns, most older persons provide examples that people can nevertheless remain energetic in spirit and appreciative of the opportunity to live their lives to the fullest. There can be many gratifying rewards in a career or voluntary work with older persons.

Part 2 - Personal Needs

Providing effective assistance to older people can be difficult when service providers use these people, often without thinking, to fulfill their own personal needs. For example, if service providers have a desire to feel strong and powerful, they may feel that they have the right to tell older persons what to do. This often can lead older individuals to depend upon their service providers. Further, the older persons may begin to believe that their own ideas are wrong ideas and their own ways are wrong ways. Service providers who need to feel powerful or important, and who seek to fulfill these needs through their jobs or voluntary activities, are likely to create an increasing dependency on the part of the older persons with whom they work. This, in turn, often reinforces the older persons' feelings of inadequacy and increases their need for assistance and advice.

Older persons also can be harmed when service providers are overly influenced by a strong need to be liked and admired. In order to obtain approval, some workers take on tasks that could and should be performed by those whom they are trying to help. Such action can encourage dependency, hinder physical improvement, and even damage self-respect.

Of course, you as a service provider do have personal needs. You probably wish to be liked and appreciated, and you want your work to fulfill other needs as well. It is important, however, not to let your needs take precedence over or get in the way of giving effective assistance to older persons. It is important, therefore, to continually ask yourself if your helping is in the best interests of the older individuals for whom you are providing services. If you are aware of your needs and their effect on those you mean to help, you will have taken an important step toward succeeding as a service provider to older people.

Part 3 - Personal Problems

We have just looked at ways service providers' personal needs can sometimes have a negative effect on their providing assistance to older persons. The same can be said of any personal problems a service provider may have. For example, suppose a service provider is having a problem with her supervisor who speaks in a bossy manner, gives directions like military commands, shows little appreciation for work well done, and criticizes the performance of small details. One morning the service provider's request to take a few hours off the next day to see her son perform a piano solo is rejected with the remark, "Have him play the piece for you at home. It will sound just the same." In a situation such as this, some questions to think about are:

- What kinds of feelings will the service provider most likely have?
- Can these feelings interfere when working with an older person who may require undivided attention as he or she tells a long story regarding feeling neglected?
- How might the service provider react to this person's request for assistance?
- Would this response be helpful?

Understandably, the service provider will probably have considerable feelings of anger and frustration. The important point that you as a service provider must recognize is not the fact that you might be having personal problems, but rather how you are dealing with them. Are you allowing your feelings to build up inside without attempting to settle the problem directly with the person involved? Are you looking at the situation clearly and trying to understand honestly if you are at all responsible for the bad situation or poor relationship? In short, are you making an effort to understand the causes of your feelings and to solve your difficulties? This is important if you are to keep your personal problems from affecting your work with older persons.

Skill Building Activities

This exercise is offered to assist you in identifying how your needs and possible problems are reflected in your helping behaviors. It is also designed to identify those rewards you receive from your work.

1. Think back over the past week. What problems did you experience with your family, your job, or anything else?

   Did they have an effect on your work? If so, how?

Problem	Effect on Your Work

2. Identify some of your needs over the past week. Did they have an effect on your helping behaviors? If so, how?

Need	Effect on Your Helping Behaviors

3. What good things happened over the past week on your job? Did they have an effect on you or your work? If so, how?

Reward	Effect on You/Your Work

Part 4 - My Strengths and Weaknesses

Before beginning to consider the topic of strengths and weaknesses, complete the following introductory exercise:

> List below your strengths and weaknesses. Include things about yourself that you think help you to be an effective service provider to older people as well as anything that would interfere with your success on the job. Give yourself five minutes to come up with as many strengths and weaknesses as you can.

Strengths	Weaknesses

One way to increase people's motivation is to increase their awareness of their strengths. Yet when given time to write down their strengths and weaknesses, many persons will list more weaknesses than strengths. Look at the list you have just made. Which side is the longest? What does this mean to you?

The interactions people have are based mainly upon the different strengths and weaknesses they see in themselves. For example, would you be more likely at a party to converse with people talking about something you know and can talk about (a strength) or with a group talking about something you know nothing about (a weakness)? If you can list many strengths for working with older people, then you will probably feel more able and comfortable in providing services to them.

The word strength refers to any skill, talent, or ability that helps a person function better. We all have many unidentified and unused strengths. By identifying more of your strengths, you may increase your motivation as a service provider to older persons. Your strong points will be those about which you feel most comfortable, and therefore will use most often. The more you can identify and develop your strengths, the more you will feel free to relate to those older persons with whom you work. You will also be likely to increase your good feelings about yourself as well. As you experience the value in knowing your present strengths, you may want to explore and learn to develop new strengths and also work to turn any weaknesses you see in yourself into strengths.

Skill Building Activities

This exercise is intended to help you recognize more of your own strengths. Think of all strengths you have. Did you list all of them on the list you made at the beginning of this section? Do you have talents, abilities, and assets that were left out? Are there some that you might take for granted or that you forgot, like your ability to prepare a meal or converse easily? What are some strengths you can add to your list? Write down those you overlooked.

1.
2.
3.
4.
5.
6.
7.
8.

SECTION C — AGE BIASES: FACTS AND FICTIONS ABOUT OLDER PERSONS

Older persons, like persons of any age, race, or background, are best helped when they are seen as individuals with their own special strengths and weaknesses, problems and potentials. To "know thyself" includes an understanding and awareness of your feelings and thoughts, both positive and negative, regarding each older individual with whom you work. You may not be aware that some of the commonly held false beliefs or biases about older people influence your actions. Recognizing these false ideas concerning older people in our society may be a necessary step for you in developing a successful helping relationship with them.

To work effectively with older people as a service provider, you will need to know what is fact and what is fiction. If you see only problems in working with older people, you will probably find your duties burdensome and depressing. At the same time, it is also important not to view older persons through rose-colored glasses, or as never having problems or needs. What is needed is a balanced view and a clear understanding of abilities, assets, problems, and needs of people as they grow old.

In order to achieve this balanced view, it is especially important that you become aware of any age biases or prejudices you may have. Age biases have been seen as having three possible parts (Ponzo, 1978), which are defined and described below.

Part 1: "Act Your Age" — This is the idea that there are certain behaviors that older persons should perform and certain behaviors they should not perform because of their age.

Part 2: "You Can't Do That" — This is the idea that all older persons are expected to have MANY limitations because of their age.

Part 3: "Being Old" — This is the belief that "being old" is always a sad and bad experience.

Part 1 - "Act Your Age"

"Act your age!" We often hear parents saying this to their children. Yet when the parents grow old and their children become adults, we again hear the command, "Act your age," directed to those same parents from their now adult children. Many persons falsely believe that because of their ages, older people should act in certain ways. Consider the following examples:

- That Mr. and Mrs. Smith act like little children. Don't they realize how foolish they look trying to dance the hustle at their age?

- Age 70 is a little old to be playing touch football, don't you think, Mr. Jones?

Things to Think About

How many people are tempted to say "Act your age" to older persons. Are you? How many older persons say this to themselves and thereby limit the joy and satisfaction many activities might bring them?

Part 2 - "You Can't Do That"

How people see and understand the behavior of older persons is limited often by their acceptance of common myths. The service provider who expects all older persons to be forgetful may constantly repeat things for older persons. If the service provider expects all older persons to have difficulty hearing, he or she may speak loudly. Both types of responses may be totally unnecessary. Older persons themselves can easily fall into this same limiting pattern. Consider the following examples:

- Doctor, there's no sense to try physical therapy with Mrs. Gates. After all, she's 82 and much too old to get better.
- I'm 65 years old. I can't start studying for a college degree at my age.

Self-expectations and the expectations of others tend to become "self-fulfilling prophecies." In working with older persons, your expectations of their actions may very likely dictate the way they will act.

Things to Think About

Examine your own behavior. Do you encourage older individuals to "live life to the fullest" and engage to the greatest extent possible in those activities that give them pleasure? Or are you too ready to say, "You can't do that?"

Part 3 - "Being Old"

Our society often views "being old" as a totally negative experience. The focus is on youth. Many people, even older persons themselves, often think that because a person is old, he or she is less valuable, less able to achieve, not able to be romantic, and so forth. The age might be 60, 70, or 80 and above, but it carries with it the negative mark of "being old." Consider the following examples:

- How can you work with older people? Isn't it awfully depressing? I'd rather work with younger adults and children. There is so much more hope for them.
- If only I had my life to live over. I would be able to enjoy myself if I were young again.

Things to Think About

"Being old" often does carry certain limitations; however, must this time be lived under a dark cloud without purposeful activity? Do you view "being old" as a totally negative time of life? Do you know older persons who think this way? In reality, how people actually feel has more to do with how they see themselves than with their actual age (Peters, 1971). Why not take and encourage others to take the view that "being old" can provide opportunities for increased enjoyment?

Part 4 - Cautions and Other Considerations

The later years of life are often difficult. Many older people are faced with debilitating illnesses affecting sight, hearing, the ability to walk and even to handle normal body functions. They frequently suffer losses such as the death of a spouse, close relatives, or friends. They are sometimes confined to their homes or to institutions and face loneliness and a fear of abandonment. The power to control their own lives may be taken away from them unnecessarily, with the excuse that "We know what's best for you."

No wonder many older persons are depressed and seemingly without hope. They desperately need understanding and support. Service providers can make significant differences in the quality of the lives of those older persons who do need their assistance. The main point to remember, however, is that not all older persons need nor want assistance, or at least the same level of assistance.

Advancing years for some older people can bring tremendous joys and satisfactions. For others, these years can be fraught with problems. And for many there can be a mixture of blessings and sorrows. Each older person is an individual and different from all others. Each deserves your special understanding and the right to be treated with dignity and respect. You will feel better about yourself, too, as you adapt your responses to meet the needs of each individual with whom you work.

Skill Building Activities

1. List below ten things that you enjoy doing:

a.
b.
c.
d.
e.
f.
g.
h.
i.
j.

2. Return to the above list and check those that you expect to continue enjoying after the age of 75.

3. How many did you check? Why did you check them? Why didn't you check the others.

4. What have you learned from this exercise relating to your reading on "age biases?"

SUMMARY

We began this unit by stressing the idea that you should first "know thyself" if you are to work effectively as a service provider with older persons. How you look at growing old and older people are key elements in determining success or lack of success in your work. Identifying your own feelings about yourself, the kind of person you are, and your strengths and weaknesses is vitally important. Are you understanding? Are you impatient? Are you over-emotionally involved with your own personal needs or problems, allowing them to influence how you relate to older individuals? Are you aware of your beliefs about what is fact and what is fiction in regard to older persons? Do you hold any age biases? How you answer these questions will probably have an important influence on how you function as a service provider.

RESOURCES FOR FURTHER LEARNING

Listed below are some resources that will help you increase your understanding of yourself in regard to your work with older people, and that will also help you appreciate the needs of older persons and their value as individuals. For those that you choose to use, pay close attention to your own reactions, feelings, and attitudes. Are there any things about yourself that you want to change? What are they? How can you make the changes now?

Interviews

Ask questions of older persons that will stimulate them to talk of life in both their early and later years and that will bring forth their attitudes and values about such things as retirement and today's younger generation. See Unit V in this manual for specific suggestions on effective interviewing techniques.

Field Trips

Visit a variety of places where older people live, work, or are involved in recreational activities. These might include nursing homes, housing projects, hospitals, and retirement communities, as well as businesses and recreational facilities where older people are effectively integrated and often hold leadership positions. These field trips can help you recognize more fully how differently older persons each look, act, live, feel, and think.

Readings, Movies, Cartoons, Etc.

There are numerous poems, slide presentations, autobiographies, biographies, movies, and sketches concerning older people that can provoke both thought and feelings. Ask your local librarian for suggestions or refer to those readings suggested below:

Blythe, R. The view in winter. New York: Harcourt Brace Jovanovich, 1979.

Bulbul, & Pauli I. Everybody's Studying Us. San Francisco: Glide Publications, 1976.

Comfort, A. A good age. New York: Crown Publishers, 1976.

Cowley, M. The view from 80. New York: Viking Press, 1980.

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Galton, L. Don't give up on an aged parent. New York: Crown Publishers, 1975.

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UNIT IV

WHAT IS A HELPING RELATIONSHIP?

Lawrence M. Brammer

Lawrence M. Brammer received his MA in 1948 and PhD in 1950 in counseling from Stanford University. He is a Counseling Psychologist by profession and for the past 16 years has been a Professor of Counselor Education at The University of Washington in Seattle.

Dr. Brammer is involved in both teaching and research in counseling older adults through the university. This involvement has taken him on many national and international trips, most recently to New Zealand (University of Canterbury), and in the past to Holland, Tehran, Seoul, Taiwan, and other countries in Europe.

He has published four books on counseling in addition to a newly published book on Mid-life Development. He has published 60 articles on counseling, testing, and human development. His professional interests include counseling middle-aged and older adults, coping skills for life transitions, and cross-cultural comparative counselor education.

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OBJECTIVES

When you have finished this unit successfully, you will be able to:

- recognize and understand what ‘‘being helpful’’ means.
- define a ‘‘helping relationship.’’
- identify the characteristics important to a helping relationship.
- list the personal qualities, beliefs, and values held by persons who consider themselves helpful to older persons.
- identify ways that helping relationships can be harmful.

INTRODUCTION AND OVERVIEW

Now that you know why you became — or want to become — a helper of older adults, we will look at what helping means. When you finish this unit you will be able to describe a helping relationship, list the main qualities of a helper, and discuss how some efforts at helping can be harmful as well as helpful to older persons. You will have a clearer idea of your strengths and limitations as a helper. This unit will set the stage for the units that follow on how to build, continue, and end a helping relationship.

SECTION A — WHAT DOES "BEING HELPFUL" MEAN?

Being helpful to people means doing something that makes it possible for them to meet their goals and needs in two areas, survival and growth. Helping does not mean solving people's problems for them.

All people have obvious common needs for survival. These include having enough food, sleep, shelter, safety, and activity. But beyond these basics we also need social contact, a good feeling about ourselves, and a feeling of being needed by family and friends. We also need to think that our lives are under our own control. These physical and social needs often create problems for older people. So, helping means assisting older people to cope with problems such as obtaining food, adequate medical care, and personal safety. In addition, it means helping them to cope with problems of isolation, sadness, disability, and feelings of helplessness. It means helping them with problems caused by inflation: the rising costs of rent, utilities, and food.

Older people also have special personal growth needs and goals that go beyond mere survival and coping with problems. Examples of these include: traveling to stimulating places, moving to a new location, doing good things for other people, and finding a meaningful part-time job. When we want to be helpful, we think of meeting crises or solving problems with people who are troubled. The actual helping includes creating the conditions for older people to set new goals and reach their adult growth possibilities.

Helping is not just a response to a problem. It is encouraging people to live more richly and to use their abilities more fully. People tend to be fearful of facing change when the results are unknown. So, being helpful could mean encouraging them to reach out — to take some risks. A helping relationship could be the safe launching pad they need.

Being helpful also means exploring with people new things to do to add pleasure and meaning to their lives. They might decide to take a long-desired trip to the zoo or a gallery. They might meet new neighbors. Helpers need to be alert to what courage, risk, and joy mean for each person. The standard varies greatly from person to person.

Helping means assisting people to learn new skills. It is one thing to set goals and do something new, but having the necessary resources and skills for reaching these goals is another matter. While a helper may not be the best person to help people learn needed skills such as communicating in social situations, solving problems, or maintaining health, the helper can refer them to special persons or programs. We might be most helpful then, as support persons, to encourage older persons to continue when they become discouraged, to be there when they want to share their joys, discoveries, or accomplishments.

Helpers need to realize that all helping is really self-help. It makes us feel good to be helpful, and sometimes we work hard at it. But it is also important to have the people we help be able to solve their own problems and feel more confident in their ability to do so than they did before they met us. Here again, the need for a helper to "know thyself" is apparent.

The following will help to make these ideas about helping more personal and clear.

Skill Building Activities

1. Try to picture yourself being helped by an older person. Close your eyes, relax, and for two minutes imagine what that person is doing and saying to you. When you open your eyes recall what the person did that was helpful. What characteristics did that older person have? Write down these characteristics.

2. Recall a specific situation in which you were helping an older person. Again close your eyes, relax, and recall the situation (or a situation in which you imagine yourself being a helper to an older person).

   — Where did the event take place?

   — What did you do and say?

   — How did the other person react?

After two minutes open your eyes. Which of your actions or traits were helpful? Write down those traits you imagined the older person saw as helpful in you.

3. Now reread the answers you wrote to questions 1 and 2.

   a. How does your list in question 2 compare with that of the older adult helper in question 1?

   b. How are they similar or different?

   c. How did you feel about being helped by an older person?

   d. How did you feel about yourself as a helper?

   e. Was the setting in an office or at home or some other place?

   f. How did this fact affect the helper and the person being helped?

   g. What helping qualities, if any, did you discover that were new to you?

SECTION B — WHAT IS A HELPING RELATIONSHIP?

A helping relationship is close to a friendship, but friendship puts people on an equal basis of give and take. Friends also have strong bonds of affection and trust between them. While a helping relationship often includes equality, affection, and trust, helping is more often a condition where one seeks another person for understanding, comfort, or advice about possible action. This person may or may not accept the role of helper. Usually older persons will initiate such relationships only where there are prior feelings of confidence, trust, and comfort. People tend not to seek help from strangers. Older people, for example, seldom visit a mental health center where they do not know the helpers personally.

It is important to realize that many adults have mixed feelings about seeking help, or accepting it if offered. If we admit to ourselves that we need help of some kind, we are reminded that we are incapable of doing something ourselves. People needing help tend to think of themselves as incompetent and helpless, which leads to feelings of resentment. Much of this resentment is directed at the helpers who are often surprised that the older persons seem so ungrateful. This feeling of resentment about admitting a need for help is one possible explanation for rejection of a helping relationship. The older people probably do not reject helpers as people, but rather test their sincerity and competence.

Part 1 - Helping Relationships Can Be Formal Or Informal

Older persons tend to seek out people they know to be trustworthy, regardless of whether they have such credentials as certificates and licenses. So, helping relationships can be formal or informal. In the case of formal, structured types of helping relationships, older persons usually are required to make appointments with professional helpers (e.g., physicians, counselors, case workers). These helpers usually provide the expected help under certain conditions or make more appropriate referrals. Sometimes all this is done formally under a kind of contract in which each party agrees to do certain things to reach the older person's goals. These relationships end when older people solve their problems, reach their goals, set new goals, or choose to end the relationship.

Informal or unstructured helping relationships, by contrast, may begin or end anywhere. Older persons usually initiate the relationship if they need help. Often the contacts are vague and grow out of previous relationships. In these relationships helpers may have been friends, relatives, co-workers, co-residents, or outreach workers. Informal helping relationships might grow out of new meetings on a bus or in a residence hall. Such helping relationships grow around two persons, although informal relationships occasionally include others in small groups. Helping relationships sometimes begin in a residence unit, a family, a church, or a special self-help group.

The focus of this unit is on informal or unstructured helping relationships. Most of you have, or will begin, relationships with older people in some capacity other than that of a helper. The helping relationship may begin gradually as you develop a close, trusting relationship.

Part 2 - Helping Relationships Are Voluntary

Whether formal or informal, most helping relationships are initiated by the person who wants the help. Formal helping situations almost always result from older persons seeking assistance. Since it is important for people to take the main responsibility for helping themselves, requesting help is the first step. Helpers have a heavy responsibility to reduce barriers to help, to be open to people.

Informal helpers offer help at whatever level they think is needed or is requested by older persons. If accepted, the relationship often shifts from friendship to actual assistance. For example, you may be shopping with an older person whose only limitation seems to be declining physical strength. One day, as you are shopping, you learn that the older person is upset because some new medicine is taking money intended for groceries and utility bills. If you offer to help the person find additional sources of income or financial aid, you enter the role of helper.

Sometimes older people will ask questions that imply they want help. For example, they ask a receptionist or aide, "Where do you get transportation around here?" Or the person asks a caregiver, "Do I get clean sheets today?" They may be asking seemingly conversational questions, but you need to determine if they also are asking for help beyond simple information. You must listen carefully for clues that a person might be seeking more than information. If you sense that older people need help, but they have not asked for it, it is OK to ask them if they need help or to offer your assistance. Remember, the general rule is not to force helping relationships on older people unless they present a danger to themselves or to others.

While older people may appreciate your initiating a helping relationship, there is also a good chance that they would think you too "nosey" or too "pushy." This question of who initiates a helping relationship is a touchy one; good judgment is needed. It is well to keep in mind that the older person chooses to be helped or not to be helped. Helpers should know the local customs about being helpful to others. These vary widely from urban to rural areas, for example.

Similarly, a helper who feels comfortable with the conditions for help set down by older people can make suggestions for proceeding. The helper can also end a relationship that is not satisfactory. You cannot be forced to be a miracle worker. If an older person asks help for feelings of depression, for example, yet fails to talk about what he or she could do to feel better, you may elect to refer the person to a more specialized helper. In other words, you set the conditions of help within your strengths and limitations.

Part 3 - Helping Relationships Involve Responsibility

Who initiates a relationship and how it gets started are very important concerns to professional helpers. This issue is less important for informal helpers, but they should be equally as concerned about responsibility for those relationships. Even though informal helpers are not subject to the strict legal bounds of professional counselors, there is social pressure for them to do their best to be helpful and not to make problems worse for older people. This pressure is both personal, doing what you feel is right, and professional, doing what is right in terms of your job, the older people with whom you work, and society. This latter pressure is what is meant by ethics.

Ethical responsibility can become a problem for informal helpers if they cannot recognize when their actions are inappropriate. It is important to recognize when you are not being helpful, even though you are trying in good faith to help. This is why the material in Unit XI, "Keeping Up the Good Work," is so important. It stresses that helpers must keep informed and competent if they want to be helpful.

All helpers have responsibility to give their very best service, to help the people who depend upon them only at their demonstrated levels of skill, and to refer them to other helpers when necessary. When older people appear grateful for our help, there is sometimes a tendency to plunge ahead into areas beyond our skills, which might lead to our being destructive. Trying out hypnotic methods, for example, with a person who wants to give up smoking is quite likely beyond our skills as helpers. Encouraging fearful older people to do something against their better judgment because you feel they must face their fears is another example of reaching beyond the normal skills of a helper.

At a less destructive level, you might think that just listening to people describe their feelings could do no damage. "Doing damage" is difficult to evaluate. Ask the important question, What good is a particular helping act? We may think that listening to depressed older people recite their miseries hour after hour is being helpful. When we do so, our attentive listening rewards the older person, and they continue the behavior. We must ask ourselves, therefore, What are the effects of what I do for older people in my helping relationships? Our intentions, as honorable as they sound to us and our friends, are not a substitute for asking the question, What good is coming out of my helping efforts?

As you probably have noticed already, older people will reveal more personal feelings and go deeper into their problems once a helping relationship is established. If you do not want them to reveal so much, or if you are aware that you are getting "in over your head," then it is reasonable to tell them directly and honestly how you feel about continuing to discuss particular topics. Redirect a topic to an area in which you feel able to help them. Saying something like, "I feel uncomfortable when we discuss this topic since I am not confident I can be as helpful to you as you have a right to expect," might put the discussion more on your terms. Then wait for the person's reaction and take the lead from there. Referral may be appropriate at this point and should be offered as an alternative. Responding skills described in the next unit will help further on this task of changing topics. (Referral methods are covered further in Unit VIII.)

Sometimes topics discussed by older persons make us uncomfortable. Discussion of death might be an example. These points of difficulty or discomfort may be your signals to confer with a supervisor or professional counselor or to discuss it with your fellow service providers to enable you to face this issue more comfortably. If many of these situations arise to cause discomfort, it would be a good idea to seek help with these feelings and grow yourself. Perhaps you need to reconsider your plans to continue as a helper, or at least to restrict your helping relationships to areas in which you feel competent and comfortable. If you think that you are not suited to helping activities, check these ideas with supervisors who know your work well, or with people whose judgment you trust.

Part 4 - A Helping Relationship Copes With Dependency

In helping relationships, people of all ages become dependent on the helping person to some extent; so, as early as possible the helper should gently encourage self-dependence. Professional helpers judge their effectiveness by the extent to which their clients learn self-help. The same view should guide the service provider's helping relationships with older persons, but with some reservations. We want them to become more self-sufficient but within their capacity to do so. At least, we do not want our helping relationships to result in older persons becoming less capable of acting independently. We also do not want them to strive unnecessarily for self sufficiency in the face of realistic barriers to independence. Many older adults lose much of their power to control their environments. As a result, many feel confused, angry, afraid, isolated, and burdensome.

Achieving the ideal balance between doing too much and doing too little should be our goal; yet in reality the ideal will not always be reached. It is our responsibility as helpers to examine our own feelings about dependency and not to impose them on the older people with whom we work. For example, a helper could have the extreme view that older people should be encouraged to become totally independent — like the model of the rugged individualist. The helper with this viewpoint might reject any statements by older persons indicating that they were willing to, or needed to, accept outside assistance.

The other extreme occurs when the helper becomes so flattered by older people's overdependence on the "strong, wise, and expert helper" that the helper "helps" them into even greater dependent relationships. What we think is a great contribution to older persons' problem solving and well-being may actually cause excessive dependence on our helping relationship. It is important that we not put words in their mouths but ask ourselves questions about the appropriateness and reality of older persons' dependency conditions and attitudes they express to us in our helping relationships. The key question, then, is: What is the best outcome for this older person at this time and place? As helpers we must question our own views of dependency and ask: What is my personal view about being dependent? Do I push my views on older people with whom I work?

Part 5 - Helping Relationships Are Confidential

Professional counselors follow a code of ethics that helps them protect their clients. This code holds that personal information obtained in a helping relationship requires strict confidence. This means that helpers usually do not reveal this information to anyone, including the person's family, without permission of the person being helped. Informal helpers are as morally bound to protect the privacy of the people they help as are professional or formal helpers. In order to maintain trust in a relationship, it is very important for older people to know that the information they are revealing will not be discussed with anyone else. It is also important to remember that older people are not bound to your ethical standards. They are free to discuss their problems or relationship to you with anyone they choose.

Formal ethical codes allow violation of confidentiality only when there is clear and likely danger to the older person or to someone else. An example of a situation in which you might need to take such action would be abuse of an older person. This is a complex issue, even for professional counselors. If you, as an informal helper, get into this kind of situation, it is best to discuss the issue and your possible choices of action with a supervisor or professional counselor, since agency and grant policies also affect the decision. Then pool the best judgments of the experts as your guide for action to protect the person, the agency, and society. Referral to a specialist and contact of police, family, and others involved directly with the older person are possible courses of action. Where you do not have a well defined helping relationship, immediate referral to a crisis center or professional counselor would be appropriate.

Skill Building Activities

1. What are the ethical requirements or restrictions of the agency where you work?

2. How do these policies affect your work?

3. Where do you stand on difficult issues such as preventing or allowing an older person to commit suicide?

SECTION C — HELPER CHARACTERISTICS

Helping relationships are the result of the helpers' personal qualities mixed with helping skills. We speak of the "personhood" of helpers to distinguish their traits, attitudes, and beliefs from their skills. Research findings indicate that the persons of the helpers are as important as their skills for producing positive results in a helping relationship (Combs, 1969; Rogers, 1961). People receiving help can sense and describe the attitudes of effective helpers. Research shows that there is no master list of helping traits that define the ideal helper (Brammer, 1979; Carkhuff, 1967), but that there is a small group of helper traits that all helpers need in order to be effective. The following paragraphs briefly present the main helper traits and attitudes. The skills or how-to-do-it aspect of the helper's style are presented in Unit V.

Part 1 - Helper Styles and Beliefs

Styles of helping vary from person to person depending on some basic beliefs and attitudes. If we believe, for example, that people are basically good — trustworthy, generous, and socialized — we will respond to them with the expectation that they will act this way. If, on the other hand, we believe that people are basically not good — dishonest, untrustworthy, selfish, and mean — we will treat them with this expectation. We will probably be extra cautious and self-protective until they prove themselves safe and trustworthy. Helpers who believe in the basic goodness of people know that there are times when people will exploit them, but they are willing to take some risks with people.

Another related area that affects our helping relationships is whether we think people want to grow and develop into healthy, creative, friendly, productive people, or whether we believe they are basically self-destructive and unmotivated. If the latter is your belief, then you are likely to conduct your helping relationships in a controlled manner and to teach older people to curb their destructive tendencies. If you believe the former view, people are basically growth oriented, then you would probably conduct your helping relationships in a more free and trusting manner that brings out the best in people. Furthermore, if you believe that behavior is primarily learned rather then inherited, you will view your helping relationships as opportunities for people to learn new attitudes and behavior.

Our beliefs about the world also influence our helping relationships. If we believe, for example, that this world is a "vale of tears" where suffering, injustice, and exploitation are the normal conditions, then we will convey this sad and pessimistic world view in our relationships with older persons. The opposite view that the world is basically a just and happy place full of joy, just waiting for discovery and correction of its abnormal defects, leads to behavior that communicates sunshine all over the place. How to find the appropriate balance of world views — one which sees human existence as challenging at all times, exciting some of the time, and dull at others — is a difficult, life-long task. It makes a difference, in the basic mood we communicate in our helping relationships, whether we are basically optimistic or pessimistic about the future of the world.

These are only illustrations of the idea that our beliefs about people and the world determine our actions. We should take every opportunity to learn more about our own beliefs about the world, and we will come to see that our attitudes determine our actions. Unit XI, "Keeping Up the Good Work," suggests more about this.

Helpers' values. Helpers share many common values or ideas we hold dear. For example, helpers believe strongly that it is important to promote the well-being of all people. We are very concerned about human rights, justice, opportunity, equality, and freedom. This is based on the belief that people have infinite worth — so much that we cannot measure or compare that worth. Human worth is the basis for acting ethically with older persons in our helping relationships. We not only protect their privacy with confidentiality, but we do everything possible to promote their well-being. Older people sense these basic values through our acts, even though we do not state them in words. Because they sense that they are valued by us, they feel more valuable, competent, and hopeful themselves.

A key research finding of recent years confirms the great influence, or power, that helpers have over people they are helping. Unless we show that we sincerely care about the well-being of older individuals with whom we work, we take the risk of abusing this power and the trust in us that goes with it. Important questions, then, for helpers of all types are: How am I using my influence? Is my influence for better or worse?

Empathy. Basic to all helping relationships is the helper's empathic behavior. Empathy is the act of putting oneself in the other person's place, of seeing the world the way the other sees it, without losing one's own identity or objectivity. We show empathy when we listen intently to what the other person is saying.

To put this empathic approach into practice, listen to older persons express their feelings about themselves and their world of experience. Ask yourself, "What is this older person feeling right now?" Then ask yourself, "How does the person view the world?" Finally, summarize what you see as this older person's view of his or her world. For example, is it a continuous struggle to survive against a hostile world? Look for images people use to describe their lives, such as traps, cages, roller coasters, soft beds. Avoid asking yourself "why" questions when trying to understand persons empathically. "Why" questions focus on causes and thoughts about the older persons rather than about how they feel. Stick with questions to yourself that start with "what" and "how," and you will find yourself responding with more empathy than before.

Warmth and caring. One of the main ways we show concern for the well-being of older persons is through our warmth and caring. These terms show up frequently on lists of essential helper qualities, but they are difficult to define. They are like kisses; everyone knows what they are but few can describe them. Warmth is a quality of friendship and is shown through smiles, eye contact, touching, and attention. Offering a chair courteously and showing concern for older persons' general comfort are ways to convey warmth. As the term implies, warmth also has some emotional intensity. We feel close to the other person.

Genuine caring is a related term expressing concern for the well-being of the older person. Caring has a more intense and enduring quality than warmth. Caring says, "I like you enough to care deeply for you." Some would even call it a nonpossessive and nonsexual kind of love or physical closeness. Helpers need to be cautious in showing warmth and caring with some older persons. Some people may regard this kind of behavior as offensive — being too forward, frightening, or seductive. Some people have a hard time accepting any kind of affectionate overtures. They have been so hurt that any kindness or warmth shown to them results in difficult feelings of fear, guilt, or annoyance. Again, the issue is how we can judge what people need at the present time in order to feel effective and fulfilled, not what we think would be good for them.

Genuineness or congruence. When helpers act like themselves and do not put on phony airs, we say that they are being genuine. The believability of helpers is at stake here, and they must be seen as genuine and honest to be helpful. Descriptions that express this idea are: "He tells it like it is," and "She doesn't beat around the bush." Of course, it takes some fine judgment to know how much and how soon to be direct in a new relationship. We do not want to "blow the older person away" with our directness, as one student expressed it.

When the helper's acts and attitudes match, we say they are congruent or consistent. This is a related quality for effective helpers. Congruence is important to the helping relationship because so much of our social activity is "game playing." For example, we play a little game when we meet people and say, "How are you?" People usually answer, "Fine!" even if they do not feel well. It is part of the expected social custom to be a bit deceptive. But even this mild type of deception destroys confidence in a helping relationship.

Specificity and concreteness. Helping relationships move along faster when helpers are specific and down-to-earth in their statements. We can serve as models for older people by the way we talk. For example, we can help ourselves and them be more open and genuine by being specific and concrete in our language. For example, we might encourage older people to be more clear in their language by saying, "I think..." or "I feel..." rather than "People say..." or "They say..." when referring to ideas and feelings. Using examples ourselves and asking older people to do the same helps to keep things specific. Vagueness is a way of keeping feelings or ideas at a safer level, so we all need encouragement to be specific about what we mean.

Skill Building Activities

1. What are your styles and beliefs as a helper?

2. What are your helper's values?

3. What does empathy mean?

4. Think about a time when you responded to an older person with empathy? Describe his or her feelings and your reaction.

5. Think about the helper's qualities of warmth, genuineness, and concreteness. How can you show these in your work as a helper to older persons?

6. What are some statements you have made that begin "People say..."? Write them down. Try to restate them and be more specific.

Part 2 - What are the Effects of Helping Relationships on the Helpers?

Helpers continue in helping relationships basically because they obtain satisfaction from the act of helping. Helpers feel pleasure when seeing other people solve problems and grow. It is thrilling to see people take hold of their lives in a more effective and creative manner. We presume that we have had something to do with creating the relationship in which this change took place.

Occasionally, helpers realize that they, too, have grown in such relationships. They feel more worthwhile, sensitively aware, energized, and strong as a result of interacting with older persons in helping relationships. Helpers often feel admiration for the courage and strength shown by older individuals as they cope with their lives. Sometimes they are good models for our own ideas about aging.

Sometimes, however, helpers experience a feeling of being "drained," of tiredness, or of indifference. We just cannot care as much as we would like. In extreme situations, this condition has come to be labeled "burnout." It has many causes and affects helpers differently, but it can occur even when things seem to be going well. It could have many possible causes such as being in helping relationships too long or too intensely, having complicating troubles in one's personal life, or needing change. Whatever the reason, it is difficult to analyze and treat this condition in oneself. This is when we might need the services of another helper to understand what is happening to us and to help us make plans to change. Sometimes a "renewal experience" can prevent or treat this feeling of being burned out. Such renewal experiences are described in Unit XI, "Keeping Up the Good Work."

Just as helping relationships can be for better or worse and either help or not help the older person, the relationship can be the same for the helper. Keeping fresh, alert, and useful in our helping relationships takes constant effort. Sustained helping relationships are very demanding. There are many things helpers can do to stay renewed professionally, as we will see in Unit XI; but helpers also need to pay constant attention to themselves so their lives stay in balance and so they function at their best. Only then can we be of most help to older persons.

Skill Building Activities

1. Think about the effects of helping relationships on the helper. Have you had these effects in your own work?

SUMMARY

Being helpful to older persons takes more than good intentions and a friendly spirit. Helping requires special attitudes and skills. Helpers must be willing and able to meet older people on their terms in order to be helpful. This usually means assisting them to cope with their everyday problems, but help may also mean encouraging them to develop as people. Helpers must know their limitations and when to make referrals to specialists. Informal helping relationships involve responsibility to give people the best, most ethical helping relationship possible. To do this, helpers need basic, friendly qualities of warmth and caring, empathic responding, respect for others, openness, genuineness, and concreteness. These qualities are extensions of ordinary, desirable human traits that can be improved with self-awareness and practice. Helpers must be alert to their own needs for personal and professional renewal in order to maintain their effectiveness and enthusiasm.

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UNIT V

HOW CAN I BUILD AND MAINTAIN A HELPING RELATIONSHIP WITH OLDER PERSONS?

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OBJECTIVES

When you have finished this unit successfully, you will be able to:

- use effectively your helping skills to form and maintain helping relationships.
- employ the active listening skills necessary to a helping relationship.
- give constructive feedback.
- recognize when to act assertively.
- react constructively to resistance, anger and dependence.

INTRODUCTION AND OVERVIEW

Humans are social animals who require the company of other humans in order to become fully functioning. Yet the ability or inability to get along with others effectively, as we learned in Unit IV, is not some inborn characteristic. Rather it is a set of skills that have or have not been learned.

Communications experts have studied the helping relationship and have identified some characteristics and skills that can be learned by those wishing to serve as helpers. These are referred to as facilitative conditions and active listening respectively. Facilitative conditions and active listening are sets of skills that we use in helping relationships to establish trust, make clear our purposes, and serve those purposes.

Since relating to people is a learned behavior, this unit will help you learn those behaviors that will allow you to relate with another in a helpful manner. The intent is not to change your personality or your basic communication style. By learning and using certain types of responses that are underused in most conversation, however, the quality and effectiveness of your helping relationships will be increased. We want you to review your ways of interacting as they apply to helping relationships, and to learn and test the types of responses suggested in this unit that may be new to you. Through understanding and practice, these special ways of responding can become as natural to you as your present conversational style.

Helping behaviors, like all behaviors, can best be learned through achieving cognitive or intellectual understanding, practicing the desired behavior, and using feedback regarding our performance. This unit provides you an opportunity to learn what the desired helping behaviors are and why they are desirable. It also presents practice exercises designed to develop expertise in these behaviors, along with opportunities for feedback from both peers and instructor(s). You will gain most from this training if you work closely with and receive feedback from a trained professional helper. Ideally, this will include feedback in the classroom setting as well as feedback concerning your performance in your daily work with older people.

SECTION A — RELATIONSHIP BARRIERS AND BEGINNINGS

Before you can replace less effective communication and relationship skills and attitudes with more desirable ones, it is helpful to know what to avoid. For that reason this unit begins by pointing out some common pitfalls to establishing helping relationships. This is followed by a discussion of how helping relationships begin.

Part 1 - Relationship Barriers

Research suggests that two-thirds to three-fourths of most communication is faulty. This is in part due to the types of responses we have been taught to make when others express a problem or concern. Gordon (1970) has identified these as roadblocks to communication or high-risk responses.

A high-risk response may result in one or more of the following:

a. blocking the free flow of communication between people;

b. lowering the self-esteem of the other;

c. triggering defensiveness or resistance;

d. diminishing the individual's sense of responsibility;

e. communicating hidden messages (e.g., Boy, are you dumb); and

f. keeping the other from finding a solution to his or her own problem.

It has been estimated that roadblocks are used as much as 90% of the time when a problem exists. High-risk responses may be categorized in one of three ways: sending solutions, evaluating, and withdrawing. These are discussed below.

Sending solutions

a. Ordering — Telling someone what to do. This usually makes people feel resistant and resentful. It also sends a message: "I don't trust your judgment."

b. Threatening — Trying to control other's actions by warning them of negative consequences.

c. Moralizing — Telling others what they should or ought to do.

d. Advising — Telling people how to solve their problems. This serves to make others dependent and reduces responsibility for one's self.

e. Logical arguments — Convincing the other with facts, logic, or opinions.

f. Questioning — Searching for more information so you can solve the problem; leading another through a series of questions aimed at an answer you have decided upon as correct.

Evaluating

g. Judging — Making a negative evaluation of the other's thoughts, attitudes, and feelings. It tends to lower the other's self-esteem and create defensive counter criticism.

h. Praising — Manipulating through positive valuing of another's thoughts or actions.

i. Name Calling — Stereotyping or labeling another.

j. Diagnosing — Analyzing why; letting the other know you have it all figured out.

Withdrawing

k. Reassuring — Saying and doing things to make the other feel better. It is a way of changing the focus from negative feelings to something that is less demanding on you.

l. Withdrawing/Diverting — Pushing problems aside through withdrawal, diverting attention through humor, or changing the subject.

In addition to these verbal responses, there may be other difficulties in establishing and maintaining a helping relationship. Anything that prevents us from understanding what people mean and how they feel, and any disrespect or lack of genuineness or caring, are obstacles to a helping relationship. Any biases or mistaken beliefs that influence our understanding and attitudes are barriers.

As was indicated in Unit III, those of us who choose to work with older persons need to be well aware of our attitudes and beliefs about older people and about aging. Equally important, if our attitudes do not fit with the kind of helping relationship discussed in Unit IV, then we cannot expect to be constructive helpers. Being a good helper is not easy and for a few people it is impossible. Most of us, however, can learn to be even more helpful to older persons than we are now, and can make an important difference in their ability to cope with life.

Part 2 - How a Helping Relationship Begins

In many agencies the helping relationship is the result of contact by an individual expressing a need. At times the contact will be made directly by the individual in need of service. In this case the person has decided that outside help would be a good idea. The individual has identified a problem area and has actively decided what kind of help would be of most benefit. Establishment of a helping relationship is most straightforward in this instance.

Oftentimes, people realize they have a problem but are not sure exactly what the problem is or what to do about it. In this case a contact may be made by the individual, but the expression of need may be tentative. Most likely the contact will be made by someone else who knows that the person has a problem. In this situation the person wanting help may be more hesitant about accepting assistance, and the possibility of withdrawal is greater. The service provider's early efforts will need to be towards helping the older person more specifically identify the problem.

There is a third possible way that contact can be made. A friend, neighbor, or child of an elderly person may think that the older person is in need of help when the older person is not aware of that need. It is important in this case that the helper check to make sure a problem really exists in order to avoid creating one. Resistance, discussed in Section H of this unit, is especially likely to occur in this kind of situation, and the service provider needs to be particularly careful in identifying who has what problem. Sometimes the friends or neighbors may see real problems that the older person does not see. But, it can also happen that the problems exist only in the mind of the friend, neighbor, or child.

Service providers can expect to encounter all three of the situations mentioned here: the self-referred; those who know they are having difficulties but do not know how to deal with them or are reluctant to admit their needs; and those that other people see as needing help. The first situation, in which the people have identified their needs and directly sought your help, may be the easiest one with which to work. The other situations, however, may happen more often. People who are hesitant to admit needs or accept help and those whose problems are seen by others but not themselves are special challenges to those who would provide services to older adults.

The way you become aware of a problem and the way in which the first contacts are made have important implications for the helping relationship. As you study the basic skills and other sections presented in this unit, keep in mind that the basis for your interaction is not always the same. Often you will be helping persons you already know. These may be older persons you meet in your daily work, and you may have known them for some time. Learning helping skills may make it easier for you to move your relationship to deeper levels of understanding and trust. You may see people in a fuller, more complete light, and they may be more open and honest in sharing their thoughts and feelings with you. But at times you may also become involved in helping people whom you have never met. Often you will work with people who know they have a problem and seek you out to talk about it. At other times, you may seek out individuals to see if they want your help because someone told you of their need for assistance.

Skill Building Activities

1. Look back over the list of high-risk responses. Try to think of examples from your experience when each of the roadblocks to communication was expressed. What was the effect on the older person each time?

2. Pick five older persons with whom you have worked or are now working. In each case, how did you first begin seeing them?

3. Would your services or relationship with them have been different if the first contact had been made in one of the other ways discussed?

SECTION B — HELPING SKILLS — NONVERBAL COMMUNICATION

Before we address the issue of what to say or how to respond, it is important to consider how we say things without talking. How we communicate nonverbally is known as body language.

One of the most powerful kinds of body language is eye behavior. We have all heard that you can measure people's truthfulness or sincerity by whether or not they look you in the eye. We also think that people are showing more interest and paying closer attention when they look at us when we talk.

Our posture also communicates for us. We are apt to seem much more interested in others and in what they are saying if we face them squarely with our upper body inclined slightly forward than if we sit back. Hands and legs can also communicate. A swinging leg or fingers drumming a desk top or car hood can give the impression of nervousness, anxiety, impatience, or boredom.

Since body language does affect other people and convey impressions, it is important to know how to use it to show the kind of helpful concern that underlies a helping relationship. The ways of using body language in helping relationships are called attending skills. When we attend we say with our eyes and body as well as with the environment that we care enough about the other person to put aside ourselves and what we are doing to listen fully to them. These are skills you can learn and develop through practice.

There are basically three components that make up attending skills: eye contact, body language, and the environment. They are all important parts of attending behavior. Eye contact refers to looking another straight in the eye. This is not an intense, "looking-through-you" stare, but rather a relaxed, interested gaze. Body language refers to the impression of alertness and interest shown by your body posture. It is not rigid or stiff but rather relaxed and alert. The environment for helping should have few distractions or sources of interference. If you are in an office, for example, arrange to have your calls held. Turn off radios and televisions. Make sure that other people know not to disturb you for a certain length of time.

All three of these components, when used together, create a physical attending that allows you to attend psychologically as well. Then you can truly hear the other person. Attending skills also let the other know that you are interested and that you care.

Skill Building Activities

1. In your own words, define attending skills.

2. Why are these skills important?

SECTION C — HELPING SKILLS — VERBAL RESPONSES

Earlier in this unit we learned what not to say when someone has expressed a problem. The next several sections will help us learn what to say instead.

Part 1 - Paraphrasing

Paraphrasing means accurately listening to what another is saying and saying the meaning of the content back to that person. Content refers to thoughts, ideas, and beliefs stated by another.

Paraphrasing, when used appropriately, has several benefits.

a. Paraphrasing provides an accuracy check. By paraphrasing back, the listener can find out if what was heard is what was intended by the speaker.

b. Paraphrasing keeps the helper and the helper's opinions out of the way while giving the older person a chance to explore problems and needs in his or her own way.

c. Paraphrasing tends to reduce aimless repetition. If the older person knows the helper has understood the message, the older person is not quite as apt to repeat things.

d. Paraphrasing shows that the helper is interested and paying attention.

e. Paraphrasing correctly gives the older person a feeling of support from being understood.

f. Paraphrasing gives the older person a chance to hear and examine what was said.

g. Paraphrasing allows the older person to consider the meaning of what was said and thus gain direction toward possible solutions.

h. Paraphrasing provides the opportunity for hearing thoughts voiced in another way, which often helps them make more sense.

It is important to remember that paraphrasing is a technique, and like any technique can be misused. Too much paraphrasing comes off sounding "canned" and will result in inhibiting the older person rather than facilitating the conversation. Some key times to paraphrase are when:

a. you think the older person is not sure whether or not you are understanding his or her meanings;

b. you are not sure you understand the older person's meaning;

c. the older person has let loose with a "rush" of words; and

d. you think you want to disagree with what was said.

Generally speaking, if your use of paraphrasing is appropriate, the older person will respond by saying such things as "right," "yes," or "that's it." In addition, the person will tend to talk more about the subject, usually in greater depth. People will only talk to a helper about their concerns when they think the helper is showing genuine interest and true understanding. Those two things can be accomplished by appropriate paraphrasing.

Some tips on paraphrasing are:

a. use attending skills;

b. do not judge (there is no need to evaluate before you understand);

c. look at what is going on from the older person's point of view;

d. hear what is being said;

e. look for the main point of the message;

f. consider when and how to paraphrase; and

g. keep it simple and use your own words.

Examples of Paraphrasing Responses

Following are two examples of paraphrasing responses. Keep in mind that there is no one right response but that the response should reflect the main point of what is being expressed.

a. Older person: "I don't know what to do about Dad. Ever since he's retired, he mopes around getting on everyone's nerves, particularly his own."

Helper: "You're wondering about your father's adjustment to retirement."

b. Older person: "My children keep telling me I don't need a house this big any more. They're trying to get me to sell it and move into an apartment. My things would never all fit into an apartment and, besides, this is my home."

Helper: "Your children want you to move, but you don't want to give up your home and belongings."

Skill Building Activities

1. In your own words, explain what is meant by paraphrasing.

2. How can you tell when you have accurately paraphrased an older person's statement?

Part 2 - Asking Questions

We assume that people ask questions in order to get information. That assumption, however, is only partly true. There are times when questions are used to make a statement, prove a point, or trap another person. Those kinds of pseudoquestions are called *leading* or *loaded questions*.

As helpers we can use questions to increase discussion of an issue and facilitate or help conversation. Facilitating questions are referred to as *open questions*.

Since asking questions has an effect on communications, it is important to learn the kinds of questions we might be using and their possible effect on helping relationships.

Leading Questions

A leading question suggests to other persons what their response might be. In this sense, leading questions might be manipulative, though often unconsciously so. Usually the information obtained from a leading question is less than valid because we have indicated what response we consider appropriate. What we consider as an appropriate response may not be what the person really feels. So, we are opening ourselves to receive misinformation.

Examples of Leading Questions

- Don't you think it would be a good idea to go to the doctor for a check-up?

This question implies that the answer should be "yes," when actually the person may really be thinking, "No, I'm afraid he'll tell me something's wrong."

- You don't really think you can see well enough to drive, do you?

This question implies that the answer should be "no," when the person may really be thinking, "Yes, I can see well enough to drive."

Loaded Questions

A loaded question is one that leaves a person in a "double bind." No matter what the answer, the person ends up in trouble. It is impossible to answer without admitting fault.

Examples of Loaded Questions

- Have you stopped beating your wife yet?

"Yes" implies that he at some point beat his wife. "No" implies that he is still beating his wife. No matter what answer he gives, he is trapped into admitting to beating his wife.

- When are you going to stop eating everything in sight and lose some weight?

Whatever the answer, the person must acknowledge being overweight and at fault because of eating habits.

Obviously, to ask such questions is to create a situation in which the older person has little opportunity to decide how the conversation will proceed. The person ends up meeting the questioner's needs rather than his or her own needs.

Leading and loaded questions are attempts at controlling the responses of others verbally or behaviorally. They say, in effect, "Now you will do that, won't you?" They allow the person asking the question to voice his or her opinion and limit the other's response. When we do this, we do not allow the person we are helping to explore his or her own thoughts and feelings. Since the intent of many helping conversations is to explore thoughts and feelings, these types of questions defeat our purpose and should be avoided in most cases.

This does not mean that service providers may not express their own thoughts and feelings. It does mean that such thoughts and feelings should be expressed in an open, straightforward manner that allows others to accept or reject what is being presented. "I think you should see the doctor for a check-up" is an honest opinion. "Don't you think it would be a good idea to go to the doctor for a check-up?" may be an attempt at subtle manipulation of another.

Skill Building Activities

Label the following questions as either leading (LE), loaded (LO), or neither (N).

Examples:

- Do you ever do anything right? LO
- Don't you think you should take your pills? LE
- What time is your appointment? N

1. Aren't you a bit old for that? ______
2. Are you still doing that? ______
3. Don't you ever stop complaining? ______
4. You don't really think that's true, do you? ______
5. Wouldn't you rather have a nice glass of milk? ______
6. What would you like to drink? ______
7. Don't you agree this is best? ______
8. Are you late again? ______
9. You are taking your medicine, aren't you? ______
10. How many did you do? ______

Answers:

1. LE
2. LO
3. LO
4. LE
5. LE
6. N
7. LE
8. LO
9. LE
10. N

Open and Closed Questions

Just as we can limit the nature of a response, so too can we limit the way an individual may choose to respond. When we have phrased a question in such a way as to limit choices of responses, we have asked a closed question. When we pose a question that may be answered any number of ways, we have asked an open question.

For example, "Do you want soup for lunch?" is a closed question because it allows only a "yes" or "no" response. "What would you like for lunch?" is an open question because it allows for a freer response.

A closed question typically narrows the focus of the response and does not allow for a great deal of expanding on the part of the person answering. Because of this, closed questions are not always inappropriate. For those times when we need specific information or do not want to encourage conversation, we want to use relatively closed questions. In those instances where we would like to encourage conversation or allow another to tell us what is going on with him or her, we need to use more open questions.

Questions can be placed on a continuum from closed to open. In other words, there are degrees of closedness and openness of questions.

Examples of Open and Closed Questions

– Does your back hurt today?	closed
– Any problem with your back?	less closed
– How are you feeling?	more open
– How are you doing?	most open

The nature of the questions we ask will often determine the course and topic of a conversation. By asking a closed question, we decide. An open question permits the other person to choose the topic. When people are discussing what they think is important, chances are they will talk more.

Skill Building Activities

Identify the following questions as either mostly open (O), or mostly closed (C).

1. Did you want to see me about your back? ______
2. What does that feel like? ______
3. How does that sound? ______
4. Are you afraid of the surgery? ______
5. Is Mrs. Jones here yet? ______
6. What do you think of Dr. Smith? ______
7. Isn't Mary wonderful? ______
8. You are staying in bed today, aren't you? ______
9. What about the food? ______
10. Aggravates you — how so? ______

Answers:

1. C 3. O 5. C 7. C 9. O
2. O 4. C 6. O 8. C 10. O

Part 3 - Reflecting Feelings

Helping is, by its very nature, communication on a personal level. In order to communicate on such a level, the service provider must deal with both the cognitive or content aspects of what a person is saying as well as the affective or feeling aspects.

Earlier in this unit we learned to focus on the content of what someone is saying through paraphrasing. That is only half of what goes into fully understanding another's frame of reference. Content gets its meaning from the feelings attached to it. Those feelings must be addressed if the service provider is to understand fully the older person and communicate that understanding.

Before we can effectively address another's feelings, it is important to know something about feelings in general. Four things to think about are as follows:

a. Feelings are not, in and of themselves, good or bad. Actions that result from them may be considered good or bad, but not the feelings themselves.

b. People have a right to their feelings.

c. Others' feelings do not have to make sense to us. They make sense to the person experiencing them.

d. Denying feelings will not make them go away.

If we do not understand these things about feelings, we may find ourselves judging another's feelings as invalid, denying that feelings exist and are important, not allowing the older person's expression of feelings, implying that something is wrong with the person's feelings, or in some way running away from the feelings expressed by older people. We may even find ourselves afraid to let others, or ourselves, talk about feelings for fear we will not be able to handle them.

In Unit IV, we defined empathy as being able to recognize and understand another's feelings. To let the other know that we understand those feelings, we make a statement known as an empathic response. An empathic response is similar to paraphrasing, but rather than saying something that focuses on the content and meaning, it is a statement that reflects the feelings attached to what is being said. It is important for service providers to reflect an older person's feelings because it helps the person recognize feelings he or she may have, gain some understanding about them, and either keep them or change them. When we reflect correctly the feelings that are expressed by an older person, we have used accurate empathy.

Just as it is necessary to listen carefully in order to get the meaning of what a person is saying, so too must we listen carefully in order to recognize feelings being implied by another's words. Recognizing feelings is often more difficult than recognizing meaning. That is because we have had long years of practice in understanding what a person is saying rather than what he or she is feeling. Most of us have not had much practice in understanding and communicating our understanding of how other people are feeling. As a result, when we first start learning how to be empathic, it feels awkward and unnatural and maybe even kind of silly or embarrassing. Those feelings can get in the way of being a good listener and communicating on a personal level, if we let them. Our other choice is to recognize that it will feel strange for a while, but the more we practice at it the more normal and natural it will feel.

Understanding feelings is difficult because a lot of times people just do not come out and tell you how they feel. Feelings are talked about in a kind of code that the empathic listener learns to understand. The first step in understanding that code is something you have already learned to do — attend to the other. Use your attending behaviors so that you can be both physically and mentally with the older person. If we are fully attending and focusing on the other person, we are in a better position to pick up the nonverbal clues that help break the code. A quivering lip, clenched fists, or watery eyes can all be indicators of feelings. How fast or slow someone speaks, the way some words are said, or the tone of voice can also convey feelings.

Another way we can begin to understand the feeling code is to ask ourselves questions such as: How would I feel if that were me? Is Mr. Smith laughing because it's really amusing or because of nervousness or anxiety? Every time Mrs. Wright mentions that, there's a tremble in her voice. Is she sad about that?

Once you start understanding the feeling code, it is important to share that understanding. Once a person knows that you understand and accept without judgment what he or she is feeling, the person is apt to feel comfortable enough with you to talk about and begin to explore personal concerns.

When you share out loud your understanding of what another is feeling, you are making an empathic response. When we paraphrase we put the content and meaning of what someone is saying into our own words. When we make an empathic response, we put the other's feelings into our own words.

Levels of Understanding and Empathy

Understanding of feelings, like all understanding, occurs at several levels. Part of the reason for that is because people very often have more than one feeling related to a specific happening. For example, an older woman may say to you, "Just because I forget things from time to time, my son thinks I need someone to help take care of me. Every time he brings that up, I get so angry, we end up fighting!" The speaker has told you that she gets angry when her son talks about the possibility of needing help. You might respond by saying, "You get really mad when your son says you need help." Or you could try to relate a deeper understanding and respond, "It hurts when your son suggests you need help, and that makes you angry." Another possibility might be, "You get really angry when he talks about that. I wonder if maybe you're not afraid that he might be right." This response suggests the possibility that the person is afraid of failing capacities. Remember when attempting to reflect feelings that people's feelings are usually conveyed by how they say things, how they look, and the words they use.

Responses that go past obvious surface feelings are frequently the most helpful because deeper feelings are usually attached to the real issue. In the above situation, the person is probably beginning to be aware of reduced independence, a condition that has both painful and frightening implications. An empathic response will help the person explore and deal with pain and fear.

Skill Building Activities

Read and discuss the following statements and responses. Do the helper responses reflect understanding and empathy? Why or why not? How do you think the older person will respond next to each helper question?

1.	Older person:	I'm starting to misplace things. You know, forget where I put them. I wonder if that means I'm getting senile.
	Helper:	You're worried that you may be losing your faculties.
2.	Older person:	My children pay no attention to my wishes. They act like I don't count at all!
	Helper:	You're hurt and angry that your children don't consult you.

Understanding/Empathy Scale

Responses may be evaluated in terms of how much they show understanding and accurate empathy, or according to their level of probable helpfulness. The ability to evaluate responses is an important skill to have because it will enable you to give effective feedback to others and to evaluate your own communications. One way to evaluate responses is by using the understanding/empathy scale below. This scale separates responses into three levels of helpfulness.

UNDERSTANDING/EMPATHY SCALE

Level 1	Level 2	Level 3
Little or no understanding of content or feelings.	Some, but not always accurate, understanding of either content or feelings, or both.	Accurate understanding of major feelings; where content is paraphrased, it is also accurate.

Through short-term training, it is possible to achieve responses characteristic of Level 2. It is unlikely that a service provider trained in communication skills will be able to respond consistently at Level 3 without a good deal of continuing training, practice, and careful supervision.

Examples of Empathic and Nonempathic Responses

Older person:	I don't see why Betty can't be a little more cheerful. She puts a wet blanket on everything the rest of us want to do.
Helper #1:	You really understand Betty, and you've done a great job keeping her cheered up.

Such a response demonstrates little or no understanding of the older person's message. Neither the meaning nor the feelings are clearly recognized. On the Understanding/Empathy Scale, this would be called a Level 1 response.

Such responses can actually be harmful to older persons because they can lead them to feel that they cannot communicate clearly, or that their ideas are not sensible. At a minimum, they leave the person feeling that the helper is not going to be helpful.

Helper #2:	You shouldn't run out of patience with Betty. She can't help the way she is.

This response shows the helper understood at least part of what was said, but does not show that the helper is trying to understand the situation from the older person's viewpoint or is sensitive to the older person's feelings. This type of response, one that shows partial understanding, is an example of a Level 2 response.

Helper #3:	It seems that you're really tired of Betty being so sad and against so much of what you want to do.

This response shows that the helper understood at least a major part of how the older person was feeling and what might have led to those feelings. The content of what was said by the older person and the related feelings were included in the helper's response, and the older person would probably conclude that the helper was understanding. This is a Level 3 response on the Understanding/Empathy Scale.

Skill Building Activities

1. Read the following statements and responses. Refer to the Understanding/Empathy Scale and discuss why each response is rated at the level indicated.

a. Older person:	I'm really happy about my new apartment. It's so much easier to take care of than that big old house that I just feel as if a load is off my shoulders.
Helper (Level 1 Response):	You must miss your house something awful. You lived there for a long time, didn't you?
Helper (Level 2 Response):	I'm glad you're happy you moved to the new apartment, but it's too bad you don't have all that nice room you had.
Helper (Level 3 Response):	You really seem relieved about it and glad you made the decision.
b. Older person:	I've never heard of such a thing in all my life. That was the most rude, inconsiderate thing I've

ever seen, and if it ever happens again, I'll never go back there.

Helper (Level 1 Response): When did you start going there?

Helper (Level 2 Response): How come you're so bothered?

Helper (Level 3 Response): It sounds as if you're really surprised and disappointed too. It won't take much more for you just to quit them.

2. Skills Practice

Create your own empathic or feeling responses to the following statements. To help you do this, a list of "feeling words" has been provided at the end of this unit. If you are unsure how to identify or express a feeling, some of the words in this list may be helpful to you.

a. Older person: (head hanging down, shoulders drooping) I was so looking forward to this trip, and now here I am in the hospital.

Helper:

b. Older person: (voice excited, smiling) The doctor said all the tests were negative.

Helper:

c. Older person: (eyes blazing, speech rapid) Can you imagine! My children saying he's only interested in me for my money!

Helper:

d.	Older person: (eyes watery, voice tone flat)	All my life I worked hard so we'd have something to retire on. Now retirement is here. Mary's gone, and I've been in and out of the hospital for months.

Helper:

e.	Older person: (eyes watery, speech rapid)	I gave up things so my children could have everything they wanted. Now when I need them no one is around.

Helper:

SECTION D — SELF-DISCLOSURE AND GENUINENESS

Up to this point we have dealt with techniques and skills designed to make you a better listener. Helping relationships, like conversation, involve both sending and receiving communication. To be only a receiver of communication makes for a lopsided relationship. It can also create a situation in which only one person contributes to the relationship. When that kind of situation goes on for a long period of time, the contributor may begin to feel exposed and cheated while the other person remains an unknown. A way to keep this from happening is through self-disclosure and genuineness. These were explained briefly in Unit IV. In this unit you will begin to learn more about self-disclosure and genuineness in a helping relationship.

Part 1 - Self-Disclosure

Self-disclosure is a sharing of the self that leads to growth in a relationship. Some people have difficulty in self-disclosing. There are several possible reasons for this. One might be personal history, or the way in which we were brought up to view talking about ourselves and sharing our feelings. Another is how risky we think it is. Some people feel that to let others know them too well is to chance being hurt or looking foolish. Finally, whether or not we self-disclose may depend on the kind of responses we get from people when we try it.

Although the intent of helping relationships is to keep the focus on the other's concerns, self-disclosure when used properly can help. In addition to making the service provider seem more real, proper self-disclosure can make the older person feel less alone. When the service provider talks of having been in similar circumstances or having similar feelings, it helps the older person to know that he or she is not strange or unusual. Self-disclosure is also sharing how you dealt or might deal with something. This kind of sharing, when done properly, may provide older people with alternatives not yet considered.

Not all efforts at self-disclosure are appropriate or helpful. Improper self-disclosure can switch too much attention to the helper and be distracting. Not all self-disclosure is necessarily relevant to the older person's interests and needs. It is important to be able to distinguish between what would and would not be helpful self-disclosure in helping situations.

Examples of Proper Self-Disclosure

The following are examples of proper self-disclosure because in each situation the helper's response tells the older persons that he or she understands what they have said and shares the same thoughts or feelings.

a. Older person: I've tried and tried to lose weight, but I just can't get anywhere.

Helper: I had that same problem for a long time. I finally went to the doctor and discovered that it was my thyroid.

b. Older person: I know they did it for my own good, and I should be grateful, but...."

Helper: I think if someone sold my house out from under me, I'd be angry and resentful.

c. Older person: Dad really wants to die at home, but I'm so afraid we won't be able to care for him.

Helper: When my father was dying, he wanted to stay at home too. We worried about the same thing, but we found out that there are visiting nurses who will come to help.

Examples of Improper Self-Disclosure

In each of the following examples of improper self-disclosure the helper's response tells the older person that the helper does not understand or share the older person's thoughts or feelings.

a. Older person: I've tried and tried to lose weight, but I just can't get anywhere.

Helper: My great-aunt Minnie used to say the same thing—and it's no wonder she never lost weight. I swear! What that woman ate! Of course, she said she never ate a thing! Let me tell you...."

b. Older person: I know they did it for my own good, and I should be grateful, but...."

Helper: I think when people get too old to take care of themselves and think clearly, then someone just has to take over. I mean, it makes no sense to be upset when people do things for your own good.

c. Older person: Dad really wants to die at home, but I'm so afraid we won't be able to care for him.

Helper: Well, I think it's just awful to let someone die at home. Really, he's just being selfish. You should put him in the hospital no matter what he says!

Part 2 - Genuineness

Genuineness is a helper characteristic that is shown when helpers act like themselves. It means not being phony or pretending to care and understand when we really do not. Egan (1975) has developed a checklist of criteria for assessing genuineness, but he suggests that it is impossible to practice genuineness in and by itself. His checklist, with additional comments, follows:

a. Is the helper his or her natural self? Does she or he seem to be "pretending" to be a professional? Does she or he avoid using professional jargon?

Being phoney is the opposite of being genuine. It should be emphasized that in helping we are to be our best natural selves. Each of us is different at different times: sometimes more understanding, other times less so; sometimes friendly, other times unfriendly. Sometimes we complain, other times we "grin and bear it." Those are all "natural" to us. Being natural in helping does not mean that "just any ol' way of acting" is O.K. It does mean that your best natural tendencies should be made use of rather than trying to pretend to have new attitudes or beliefs that are not truly your own. It does not mean that you cannot learn new ideas and adopt new ways of saying things. But, it does mean that until you truly believe them, and practice them to the point that they are as natural to you as other ways of saying things, you will not seem as genuine.

b. Is the helper spontaneous, and yet tactful, or is there something rigid and planned about his or her behavior?

When we have plans for what we want to have happen, sometimes called a hidden agenda, and then try to manipulate the conversation or our actions so as to get what we want, we are not being genuine. Scheming, manipulating, twisting meanings, and using tricks are types of behavior that are rated low in genuineness.

c. Does the helper avoid being "on guard" or acting defensive, even when the older person questions, challenges, or attacks him or her?

When we act defensively, we close off from the older person, and often ourselves, what is really going on inside us. We feel guilt but claim innocence. We feel fear but claim confidence. The idea of genuineness is that we do not hide our feelings and thoughts from the other person.

d. Does the helper express thoughts and feelings with proper timing and without disturbing or distracting the older person? Does the helper do that without putting a number of screens between him or herself and the older person?

Even though we do not hide our thoughts and feelings from the person, we must be considerate as to when and how they are expressed. It is one thing to feel frustrated with someone and say to him or her, "You're a lazy jerk." It is something else to feel frustrated and say, "I feel frustrated because we just don't seem to be making any progress." Genuineness can be combined with telling people what they need to know.

e. Is the helper open? Is there a willingness to share one's own inner thoughts and feelings?

If we expect older people to be open with us and to let us get to know them, we must also be prepared to be open and let them get to know us.

Examples of Genuineness

a. Older person: I'm sure glad my kids didn't stay any longer. You know, with so many people in the house, I just get very nervous. My grandchildren are wonderful, and I love them dearly, but they really do just take over, and after a while I can't keep up with it all.

Helper #1: You'd better be enjoying your grandchildren while you can. You should be thankful that your children even come to see you. Mine never come any more. I haven't even heard from my daughter all year.

Even though this statement might be a truthful reflection of what the helper has experienced and thinks, this is not a constructively genuine response. The advice about enjoying the grandchildren was not requested and poorly timed. The helper's comments about his or her own children were not relevant to the older person's concerns.

Helper #2: I've met your grandchildren, and they really were pretty well behaved, I thought. Of course, I know I'm usually as glad to see mine leave after a while as I am to see them come.

Assuming this is an honest reflection of the helper's belief, this statement seems constructively genuine.

Helper #3: You should take charge. After all, it is your house, and it doesn't seem right to me for grandchildren to run things.

Such expressions of opinion and advice are not constructively genuine. To be constructively genuine, a statement must not violate respect. This response appears to reflect rigidity and pushes the helper's own views rather than help the older person explore more fully his or her own feelings and thoughts.

b. Older person: I've talked to you about this before, and you never have done anything about it. I might as well save my breath. You just don't understand what's really going on over there. Or maybe you don't care.

Helper #1: I've done everything I can. I can't be every place at once, and you're not being fair by saying that I don't care.

This response might well be an honest expression of the helper's thoughts, but because it seems so defensive, it is not a good example of constructive genuineness.

Helper #2: I'm really sorry to hear what you just said, and I'm surprised, too. I thought I had taken care of it, but evidently I didn't do a very good job.

Assuming this is all truthful, this would be a constructively genuine response.

Helper #3: Mrs. Baron, I'll have to admit that I forgot to get over there and get things straightened out. I don't know how I forgot. I meant to go over there last week, and now I'm really embarrassed. I know it must seem as if I don't care about it, but I really do. I guarantee I'll get over there as soon as they open up in the morning.

This response lacks the defensiveness that is so common in such situations. In such situations, no words alone can undo what has been done (or not done), but honest confession and a directly expressed, sincere intention to correct the wrong can help.

Skill Building Activities

1. In your own words, define what self-disclosure means.

2. Think about a time or times you have used self-disclosure in communicating with others. What were their reactions?

3. In your own words, define what genuineness means.

4. Think about times you have acted in both genuine and ingenuine ways. How did you feel each time?

SECTION E — RESPONDING WITH RESPECT

Most of us expect others to treat us with at least a certain amount of respect, and we in turn are to treat others with respect. Respect is a basic aspect of a helping relationship. Paraphrases, questions, empathic responses, and all the other types of responses described in this section can be done in ways that show respect. Many of these responses can also reveal a lack of respect. In this section we will consider the characteristics of a response that make it more or less respectful. Below is a scale that will help you determine the level of respectfulness of your responses.

RESPECT SCALE

Level 1	Level 2	Level 3
Lack of respect; underestimation of older person's abilities, rights, or significance of their concern.	No disrespect, but also no direct expression of confidence, or recognition of the significance of their concerns or their rights.	Direct expression of confidence, recognition of abilities, rights, and significance of their concern.

Level 1 responses can actually be harmful to the older person as well as to the relationship. Responses that show to people that we discount the importance of their concerns, or that we do not recognize their abilities or their legal and human rights, are all low in respect. We show others we respect them by recognizing their legal and human rights, taking their concerns seriously, and demonstrating that we are aware of their abilities.

Examples of Responses Showing Respect

a. Older person: I'd like to get out to the meeting every time, but it seems that something else keeps coming up at the wrong time. Last week my neighbor dropped in just when I was ready to leave.

Helper #1: You should have just told the neighbor to come back some other time.

In this response, the helper tells the older person what he or she should have done, thus implying that the helper's judgment is better than that of the older individual. Most often, unasked-for advice shows a lack of respect for the other person's ability to think for him or herself. This response would be low in respect and represents a Level 1 type of response on the Respect Scale.

Helper #2: You want to get to the meetings, but getting there is easier said than done.

Level 1 responses are those that reveal a lack of respect. Level 3 responses, those that are high in respect, are ones in which the helper makes direct expressions of high esteem or confidence in the older person. Helper #2 does neither, and this response represents a Level 2 response on the three-level Respect Scale.

Helper #3: I know you see the importance of the meetings, and I'm sure you don't miss them if you can help it.

Helper #3 reveals confidence in the older person's understanding, motives, and judgment. It is high in respect and is a Level 3 response.

b. Older person: I'm really happy about my new apartment. It's so much easier to take care of than that big old house that I just feel as if a load is off my shoulders.

Helper #1: (Level 1 Response) You're probably going to be sorry when spring comes and you don't have any place for a garden.

Helper #2: (Level 2 Response) I'm glad you're happy with it.

Helper #3: (Level 3 Response) If you're sure the apartment is better for you, then I'm sure you made the best decision. I know you would have thought it all out.

c. Older person: It was the best trip I think we ever took. We both felt good and got along really well. It's a beautiful place, and I sure hope you can go there sometime.

Helper #1: (Level 1 Response) You know your doctor told you that you shouldn't be doing that sort of running around anymore.

Helper #2: (Level 2 Response) Sounds like you really enjoyed it.

Helper #3: (Level 3 Response) I know you wouldn't lead me wrong. I hope I can get there sometime.

Skill Building Activities

1. In your own words, define respect.

2. Think about times that other people have responded to you:
    a. with respect;
    b. with low or no respect.

    How did you feel each time?

SECTION F — GIVING INFORMATION

There will be times when you, as a service provider, will have the opportunity to provide direct input toward a possible solution to a problem. You may know something that the other person does not know. It is appropriate to share what you know. It is not appropriate to share it in such a way as to make the other feel either "put down" or that he or she must follow your suggestion in order to be "OK."

You may, at this point, be a little confused if you are recalling that advice and information giving were listed as roadblocks to communication. What we are talking about in this section, and in the section on self-disclosure, sounds a great deal like those roadblocks. It is, but what makes giving information effective are timing and appropriate use.

Helping has both an exploration and an action phase. All of the receiving skills you have learned, including attending behaviors, paraphrasing, open questions, and reflecting feelings, are used for exploration. It has often been said that the problem a person brings to the helping session is rarely the real problem. What that means is that people usually focus on an issue that is only part of the problem or a symptom of the problem. Unless the helper explores that symptom with the older person, the helper is likely not to understand fully the other person. The helper may invest energies working on something other than the person's real need.

In addition, when people have a problem, they have a high emotional investment in that problem. That is, there are usually strong emotions that tend to cloud the ability to see solutions to a problem. The receiving skills you have learned will provide an older person the opportunity to express those emotions and thus "clear the air" enough to consider the problem from a less emotional level.

To give information or make suggestions before the actual problem is defined, and before logical thinking is possible, is to be ineffective. It is important, then, that the service provider spend time exploring what is going on and how it is occurring before attempting to initiate action.

Examples of Information Giving

Speaker: My mother hasn't been doing too well lately. She's healthy and all, but her mind seems to be going. I mean, she gets lost, she forgets things — like a turned-on oven — and, well, I'm afraid she'll hurt herself. I don't know. She needs someone to watch her. Maybe she needs to come live with us. But I work, I mean, I can't quit my job. Our house isn't very big. Maybe a home — but she doesn't want to go into a home. I just don't know.

Helper #1: Well, certainly she needs to be in a home! We have several right here in town that I'm sure would be perfect. Actually, I know the administrator of the best two in town. Here are their names and phone numbers. As a matter of fact, I'll call them both right now and set up an appointment for you to talk to them and tour the facility.

This response does not consider the uncertainty and confusion of the speaker. Nor does it take into account the possible guilt feelings about putting Mother into a home. The service provider in this case has decided what would be best for everyone and just goes ahead being very "helpful." The fact that he or she has disregarded the feelings and wishes of those involved makes this response not only inappropriate but highly disrespectful.

Helper #2: You're concerned about your mother's welfare, but you don't know what to do about it.

This response opens the door for exploration of the problem. The following discussion might be:

Speaker: Well, yes. I mean, I suppose the only logical thing would be to put her in a home. But I'd feel so guilty!

Helper #2: Although you're sure a home would be best for her, you really don't want to do that.

Speaker: Right. I mean, kids are supposed to take care of their parents, aren't they?

Helper #2: You feel that putting her in a home would be like ignoring her or not caring for her.

Speaker: Well, yes, but no. I guess I don't know. I do know that I can't take care of her at my house — I work all day. She'd still be alone a lot. She wouldn't be any safer than in her own home. She still wouldn't have anyone home to fix meals and make sure she's OK. I suppose when I stop and think about it she'd be ignored more and receive less care with me than she would in a good home. How do I know if a home is a good home, though? I don't know anything about things like that. Do you?

Helper #2: We have a listing of homes in the area that have been approved. They vary in cost and have various features and programs — all of them, however, do provide good care. Why don't you take this list — it includes descriptions and

> phone numbers of contact people — and discuss it with your family. Then come in next week and we'll talk about what you've discussed.

The series of responses presented here are more appropriate because they allow the person to explore thoughts and feelings about putting Mother in a "home." They also allowed the person to come to his or her own tentative conclusion. In addition, the information, when it was finally shared, met the expressed need of the person, not the need of the service provider to be "helpful."

Skill Building Activities

1. Is there a difference between giving information and giving advice?

   If so, what is the difference?

2. When should you share information with people you are helping?

SECTION G — FEEDBACK AND ASSERTIVENESS

Part 1 - Constructive Feedback

Feedback is giving individuals information about how they affect others. When others tell us about how our behavior affects them, they are giving us feedback.

Feedback is not always helpful, but can be if given carefully. Feedback can help correct behavior so that what the person does is in line with what is intended. Feedback that is helpful and appropriate gives information in such a way as to help others reach their goals.

Feedback can be either objective or subjective. Objective feedback provides information and has nothing to do with feelings. An example of objective feedback is: "Whenever you mention your son, your face gets red." Subjective feedback, on the other hand, relates how something someone did made you feel. An example of subjective feedback is: "When you're late for appointments I get angry."

All of us can benefit from feedback; however, we rarely ask for it. It would be ideal if others would ask us for feedback, providing us the opportunity to give it. People often do not think to ask for feedback, however, nor are they always aware that we may have something to say. When you would like to give another person feedback that has not been asked for, it is appropriate to ask permission first. For example, you might say, "I've noticed something about our interactions. May I share it with you?"

In order for feedback to be most effective, it should be given immediately after the behavior has occurred. If that is not possible, it should be given as soon as possible afterward.

In addition to when feedback is appropriate, there are some things to keep in mind about how to give feedback.

a. Feedback should be direct. "I get concerned about your driving at night"; not "Some people say folks your age shouldn't drive at night."

b. Feedback should take into account the needs of the person receiving it, not just the needs of the person giving it. Giving feedback merely to appear perceptive and observant is not helpful to the receiver.

c. Feedback that is helpful focuses on things that can be changed, not on things over which one has no control. "It would be helpful if you'd speak more slowly"; not "Your large nose is distracting."

d. Feedback avoids words that convey a value judgment. Words like "good" or "bad" make for defensive reactions. "I liked the way you did that"; not "You did a good job."

3. Give reasons for coming to the conclusion you did. "I liked the way you did that. Your directions were very clear"; not "I liked your class."

f. Refer to specific behaviors when giving feedback. "I noticed that whenever your daughter's name comes up your eyes get teary and you change the subject"; not "You don't want to talk about your daughter."

g. When giving negative feedback, include some positive feedback. "I really enjoyed the enthusiasm you had for the materials, but I found the explanations long and confusing."

h. Include alternative behaviors when giving negative feedback. "I had trouble following what you were saying. It would be helpful if you spoke more slowly."

Part 2 - Constructive Assertiveness

Assertiveness is frequently confused with aggressiveness. There is a difference. Aggressive behavior is getting one's needs met at the expense of another. Aggressive behavior is aimed at controlling the other and results in lowered self-esteem for the person being controlled.

Assertive behavior, on the other hand, lets a person have needs met while not controlling or exploiting another. It allows a person to stand up for rights, get needs met, and express feelings. Assertive behavior is aimed at defending oneself from intrusion by others and at getting one's needs met while not intruding on another.

People who exhibit passive rather than assertive behavior often do not act assertively for a number of reasons. They may feel that:

a. others' needs are more important than theirs;

b. it is rude to express one's needs;

c. people will not like them if they are assertive;

d. assertiveness may lead to confrontation; or

e. it is easier to do what others want.

Individuals have the right to have their needs met without intrusion from others. Therefore, some principles for assertive behavior are important. These are:

a. Be persistent. Your needs matter; stick with it until they are met.

b. Do not be drawn into side issues. Stay on the topic.

c. Do not be defensive. You need not apologize for being assertive.

d. Do not allow yourself to become aggressive. Screaming and threats are not necessary to get needs met.

e. Do not feel guilty. It is OK to say no.

f. Do not blame. Talk about yourself, not the other.

g. Be specific. Describe the behavior that is troublesome, not the whole person.

There may be times when using assertive behavior does not result in getting your needs met. Sometimes our needs are in conflict with the needs of others. At those times it becomes necessary to compromise so that both individuals' needs are met as well as possible under the circumstances. Unit VI will teach you more about assertive behavior and what kinds of things to say when you are being assertive. The rest of this unit will help you identify situations that many times require the use of assertive behavior.

Skill Building Activities

1. What is feedback?

2. What are the similarities and differences between objective and subjective types of feedback?

3. What is the difference between feedback and assertiveness?

4. What is the difference between assertiveness and aggressiveness? Define each term.

SECTION H — SPECIAL PROBLEM SITUATIONS

Part 1 - Resistance

People are not always anxious to accept the efforts of others who want to help them. Many of us are reluctant to ask for help or even to take it when it is offered. This is not unusual for persons of any age, and certainly not unusual among older people. Sometimes our reasons for helping will be questioned even when we have only the best interests of the other person in mind. Sometimes our best ideas will be rejected even before the other person has understood what we are saying. At times, what we are confident would help is never acted on or given a chance to work. This, to some extent, is the way many of us tend to respond to the efforts of others to help us, and it is the way others will sometimes react to our efforts to help them.

Why do we react this way, and what can we do to reduce such responses in others? Listed below are several ideas and suggestions for reducing resistance in older people:

a. People are resistant to help when they do not believe they have a problem. If you are trying to give someone help who seems uninterested, it may be that you sense something they do not. Or, it may be that you have not yet discovered the real problem. Sometimes we think problems exist where there are none, only because we have not gotten all the relevant information. It is also true, however, that people can have or can be heading for problems without being aware of them. Either way, unless people believe there is a problem, they are not likely to accept help. As helpers, it is not always easy for us to know if the resistance we may encounter means that there is really no problem, or that the other person is simply not aware of the problem. But either way, we can know that if a person sees no problem, he or she will see no need for help.

b. People resist help when they do not want to admit the existence of the problem to others. None of us is entirely open about everything. We all prefer to be seen in a positive light, and at least sometimes we try to cover our mistakes and weaknesses. Embarrassment is sometimes associated with problems. People may not want others to know that they lack money for rent, are being mistreated by their children, or have a drug dependency. Embarrassment and the fear of negative responses from others lead to denial of problems and thus to resistance.

c. People resist help when they do not want to admit an inability to help themselves. Sometimes we prefer to solve our own problems without help, and we may resist the help of others. One reason for such resistance can be reluctance to admit our inadequacy. The desire to be seen as competent, self-reliant, independent people who can "handle our own problems" can result in resistance. Obviously, people are able to solve many of their own problems without us. Sometimes, however, people will refuse help they need from others rather than admit their own limitations to help themselves.

d. People resist help when the help that is offered seems ineffective, impractical, or too unpleasant. Well intentioned solutions are often unworkable. A helper's quick solutions are likely to have been considered already and will be rejected by the older person, even before discussion with the helper. When we understand situations from the other person's point of view, we are better able to see why "solutions" are sometimes resisted.

e. People resist help when they do not trust the helper. Until a helping relationship is established in which the helper is seen as honestly caring, understanding, and respectful, people are likely to be guarded in their acceptance of help. People also want evidence that the helper has the needed knowledge or skills, particularly with more involved problems. It is not enough that the helper be honest, understanding, respectful, and knowledgeable; it is also necessary that the older person see and believe it.

f. People resist help when they have important things to lose by solving their problems. Sometimes we gain advantages from our troubles that we do not want to lose. Such advantages from troubles or problems are called secondary gains. For example, the man who is ill may get more affectionate attention from others than when he is well. To get "better" is to risk losing the attention he likes. Being worried or depressed, having important problems, or even suffering from illness can have secondary gains that cause older people to resist help.

Dealing with Resistance

How can we deal with resistance? As is often the case, prevention is often easier and more effective than the cure. Several suggestions follow for preventing and responding to resistance. Since there are numerous reasons for resistance, there are also different preventive and reactive measures that can be taken.

a. Do not offer help when it really is not needed. If we avoid helping people whose problems exist only in our imagination, we certainly can avoid some forms of resistance. As emphasized in Unit III, knowing ourselves and our own motives and needs can minimize our inappropriate attempts to help others.

b. Helping people recognize that they have real problems is sometimes the first kind of help we can give them. Resistance can be expected until this is accomplished. Experiencing the natural and logical consequences of their problems or problem behavior helps lead older people to the recognition of their problems. Stopping ourselves from "saving" others from natural and logical consequences can help hasten their recognition of the problem and reduce their resistance.

c. Guarantees of privacy and confidentiality can help people be more willing to discuss openly their concerns and to take helpful actions. We can establish reputations either as gossips or as people who can be trusted to deal confidentially with the personal and private concerns of others. By avoiding the inappropriate discussion of other people's business, we can establish a positive reputation. By giving firm, specific assurances of confidentiality, we can strengthen our image and build others' confidence in us as helpers.

d. By establishing ourselves in the eyes of others as caring, warm, genuine, understanding people who are not evaluative or judgmental, we make it easier for others to risk sharing their personal concerns with us. Resistance fades before accurate understanding and acceptance. Resistance develops in response to evaluation and judgmental attitudes and responses. The helping relationship and being seen as a person who is both understanding and accepting are our most valuable tools against resistance.

e. When we achieve the most complete understanding possible of the other person's situation, we are less likely to offer oversimplified or unworkable solutions. Thus, the kind of resistance that stems from inappropriate and disrespectful advice is eliminated. When we can see how such advice is useless or even silly, we do not offer that kind of help and do not foster resistance. Working to get the best and most complete understanding we can of the other person's situation is one of the practical things we can do to prevent certain types of resistance.

f. Knowing information that is accurate and relevant to the kinds of concerns common among older persons helps us establish a reputation for expertise and increases the confidence that others can have in us. We reduce the likelihood of resistance to the extent that we increase others' confidence in us. Is it not appropriate to resist "help" of questionable validity? Is it not appropriate to be more receptive to help of established reputation?

g. Identifying the secondary gains that people sometimes receive from their problems can help us prevent or eliminate resistance. Simply recognizing the secondary gains and letting the other person know that we recognize them is sometimes sufficient to overcome resistance. At times it might be appropriate to arrange for the continuation of the secondary gain without its dependence on the problem. For example, a man might be given more favorable attention without his first having to complain about his overdue bills. If he only gets attention when he gets worried and complains, he is likely to keep worrying and complaining. If people's problems are accompanied by significant secondary gains, they are more likely to resist change.

h. Recognizing resistance and openly discussing it can lessen resistance. The very act of expressing your awareness of the other person's reluctance to enter a relationship or accept help can help improve the relationship. If our awareness of resistance is shared in an open, caring, nonjudgmental way, it demonstrates many of the characteristics that we know people want in helpers, and helps them to be freer in expressing themselves and more accepting of us.

As already stated, preventing resistance is preferable to changing resistance already developed. Unfortunately, we cannot prevent resistance that is already formed in people. Also, unfortunately, no matter how hard we try we will sometimes go too fast or make some mistake that will result in defensiveness. It is important for us to learn ways of responding to others that reduce and help us overcome resistance.

Examples of Responses to Resistance

These are a few examples of resistance and might not be appropriate in any one situation you might encounter. Remember that your responses need to be in your own best style, suited for different situations.

Older person:	I just don't think all this fuss is necessary. I'm going to be fine and nobody needs to worry about me.
Helper #1:	I know you don't want me to be worried and don't feel I need to get too involved in your situation, but I am concerned because it seems to me that it's getting worse for you instead of better.

If we assume that the older person does need help, we do not know here why the person is resisting help. It could be because of not believing a problem exists, not wanting to admit it to others, or lacking confidence in the helper. The helper's response, however, shows that the helper is sensitive to at least some of the older person's thoughts and feelings and is willing to be open in sharing his or her own feelings of concern and view of the situation.

Helper #2:	I realize you'd like me to drop the subject, but I don't understand why. I'm not clear if you think this problem will take care of itself or there is someone better you can talk with about it, or just why you are reluctant to talk with me about it.

While this response is rather direct, and might sometimes lead to more resistance, it does clearly raise the issue of the older person's resistance as a topic for discussion. This might lead to a clearer understanding about the resistance.

Skill Building Activities

1. Write down the reasons that people are resistant.

2. Have you worked with older people who were resistant?

3. For what reason do you think they were resistant?

Part 2 - Anger

Anger is sometimes related to resistance and may be a way in which resistance is expressed. Anger can be used by people as a way of keeping others away from them and their private concerns. It can be used to hide other feelings from the person's own awareness or from recognition by others. In such instances the anger must be recognized by the helper for what it is, resistance, and dealt with accordingly. Often, such resistance cannot be overcome. Very often professional assistance is required when dealing with strong resistance and anger. Other reasons for hostility and anger in helping relationships, besides resistance, are listed below.

a. People frequently feel angry when they believe a helper is not fully recognizing their rights. People naturally get angry when others infringe upon their rights. Anger is probably an appropriate feeling response in such circumstances, and if our anger results in constructive efforts to protect our legitimate rights, such anger can be helpful.

b. People may become angry when they believe their abilities are being underestimated or their competence questioned. Mentally healthy people usually expect to be judges of their own competence. When helpers fail to recognize this and push their own views of the other person's abilities, anger may be the result. The older person's self-evaluation of his or her ability may or may not be accurate, but the helper's evaluation of the person's ability may also be inaccurate. What is important in terms of understanding anger is that older people do not like to feel their competence is being underestimated.

c. Believing that they are not being accurately understood can result in a person's feeling frustrated and angry. A helper who is unable to adequately understand what an individual means or feels, or to take seriously the person's concerns, or to show understanding of these concerns, may experience the person's anger.

d. Anger directed toward a helper may be anger developed toward something unrelated to the helper but transferred to the helper. For example, the helper may be an innocent but available victim of other experiences or people angering the older person. People may not even be aware of exactly why they are angry but simply be aware that they are irritated. Minor incidents with the helper that should normally not be irritating can become major issues. When people express anger out of proportion to reality, it is often because they are transferring the anger from some other person or situation. People with serious concerns who feel helpless and frustrated are particularly susceptible to feeling anger and to directing the anger to those trying to help them.

It should be apparent that some anger in older people can be prevented by the establishment of a helping relationship. Helpers must recognize when anger in others results from the helper's own failure and when it results from mere transfer.

One of the things that helpers need to know about themselves is the ways in which they tend to react to anger. Some reactions to anger are less helpful than others, and we should be capable of regulating our responses. A frequent response to others who show anger towards us is to respond in kind — that is, also to become angry. Anger can lead to more anger, attack can lead to counterattack. Another frequent response to anger is to become defensive and to deny or explain away those actions or attitudes that initiated the anger. When we feel unfairly criticized, we may respond with defensiveness and our own anger. Some of us, however, find unjustified attacks easier to take than attacks we recognize as justified. It is when we know that we have done something wrong and hate to admit it that we can be the most defensive or the most angry in our responses.

Our responses to hostility should attempt to reflect the positive characteristics of a helping relationship. It is when we respond to anger with empathy, warmth, genuineness, and respect that we have the best chance of reducing hostility and improving the relationship.

Examples of Responses to Anger

a. Older person: You don't know what you're doing and don't care about us at all. All you want to do is keep your boss off your back and keep things looking good.

Helper #1: I can see you're really mad at me. I wish you would tell me more about what it is I've done.

In this response the helper attempts to show recognition of the older person's feelings and also an interest in understanding the older person's reasons for the anger.

Helper #2: I have to admit I have been worried about what my supervisor thinks about me, and I guess I haven't been doing as well here as I should have. You deserve better than I've been doing.

If we are wrong, there is usually nothing more appropriate we can do than admit it. Making excuses, covering up, or denying the truth are not likely to fool those who have already seen our failings.

b. Older person: You said that what we would talk about would be kept between us. Now I find out that half the people at the Senior Center know all about it. If you can't keep your mouth shut you don't belong around here.

Helper #1: You're hurt and disappointed because you think I betrayed your trust.

If you are innocent, you may certainly deny an accusation and state what you know to be true. Before making such a denial, however, it can be helpful first to reflect the angry person's feelings as in this example. Until the angry person believes that you recognize the anger and are trying to understand it, there is less likelihood that he or she will pay attention to your explanations.

Helper #2: I can see you're disappointed with me, and I'm sorry this turned out like it did, but there is something else I'd like to explain if you would like to know exactly what happened.

When there is more to a situation than the angry person knows, and we believe it would help for them to know it, we can immediately try to tell them or we can make the offer to share more with them. In Helper #2's response, the offer to explain is made without forcing the explanation. This sometimes helps to defuse the anger enough that the angry person becomes somewhat more ready to hear the explanation. In this example the helper might win the older person's approval to explain the truth.

Skill Building Activities

1. What are some reasons for anger in helping relationships?

2. What are some ways to deal with anger in helping relationships?

Part 3 - Dependence

None of us is entirely self-sufficient. We are all dependent in some way on others, and that is an unavoidable aspect of our complicated economic and social system. Many older persons are unavoidably more dependent on others than they were previously or would like to be. The real dependence on others that results from disabling illness, declining physical power, or lack of financial resources can be unavoidable. Sometimes, however, older people may act as though they cannot do things when they really can. By dependent person we mean anyone who relies on others, especially you, to do for them what they could appropriately and realistically do for themselves.

Sources of Dependence

Some people actively work for a dependent relationship, seeking to avoid responsibility for themselves in at least selected areas of their lives. Other people have dependency thrust on them by children, friends, or professional helpers. Some seek dependence, some yield to it. For us to consider how we can respond to dependent older persons, it is helpful first for us to consider the sources of dependence.

a. Many older persons experience important losses in economic strength, physical health, social status, and sometimes intellectual abilities. These are real problems that require appropriately increased reliance on others. Unfortunately, they sometimes also lead to over-reliance and excessive dependence. Helpers must discover how much help is really needed and where improper dependence begins. People in the health fields have wrestled with this concern for a long time. Helpers in nonmedical programs for older adults also need to be alert to recognize that the real problems of older persons can quickly become confused with unnecessary and excessive expectations.

b. Many of us who work in human service programs do so because we want to help others. This desire to help was previously discussed in Unit III, which emphasized the need for us to know our own needs and motives. Unfortunately, helpers sometimes promote dependency in others because of their own needs and interests. Giving more than is needed may help us to feel good and generous, but when it reduces the self-reliance of the older persons with whom we work, we are doing them no real favor. Helpers ought not to encourage dependency in older people.

c. Some older people have many years of learning dependent behavior behind them before we even meet them. The husband who has been waited on by his wife, the woman who has been indulged and protected by her husband: Both have learned to be dependent. Some children have promoted dependency by assuming their parents' responsibilities and freeing Mom or Dad of the burdens of adult life. For some older people, dependence is a habit. For some, it is a very comfortable habit and one they expect others to help them continue.

d. For some people, dependent behavior is a response to a fear that they are not capable. Those who have lost confidence in themselves seek others to protect them. As in letter "c" above, this can be the result of long-term experience, a failure to have matured. It can also be a reaction to recent events and closely related to real and important losses. A person may have been as independent and self-reliant as anyone but, because of some change in his or her life situation, may suddenly lose confidence and become afraid.

e. There are also people whose dependent behavior is a form of compliance to satisfy others. Some older people seem to act dependent at times because they think others expect them to, and because they do not want to disappoint them. For example, a woman may prefer going to the store herself, but thinks it would hurt her well intentioned daughter's feelings if she told her so. People can be sensitive to the feelings and wishes of helpers, and they can also be mistaken in their interpretations of us. This requires that we be very careful not to give the impression that we will be hurt or disappointed if our offers of help are not accepted. Some people would rather accept unwanted help than risk offending those who offer it.

Responding to Dependence

How can we respond to dependence? As with resistance, preventing dependence is better than curing it, but prevention is not always possible. Some people come to us expecting to be dependent. Since the reasons for dependence are not always the same, there is no single best way to respond. Some general guidelines and examples are given below, but the real situations you will encounter will require your own imagination and judgment.

a. Take time to consider what is a reasonable request for help and what is not. Agreeing to give assistance that is requested should not be automatic.

b. If requested assistance is not actually needed, an assertive refusal may be more constructive than doing what is requested.

c. Remind yourself of your own tendencies about helping. If your tendency is to be more helpful than necessary, then be aware of yourself and be on guard.

d. Keep in mind that too much help is contradictory to respect. By offering help that is not needed, we are implying an inability of people to help themselves.

e. Family members and others may sometimes try to enlist you as their agent in helping an older person, even though you do not see a need for help. Depending on your position with respect to the older person, others may have expectations that you should be doing more for him or her, even when in your judgment the person does not need more help. This is another situation in which constructive assertiveness can be the most appropriate response. Remember that your primary responsibility is to the older person.

f. Where an older person has dependent relationships of long standing with others, we need not change those relationships in order to prevent or end an inappropriate dependence on us. People can learn to distinguish between those on whom they can be overly dependent and those on whom they can depend for limited help based on recognized needs.

g. Even helpers with high needs to please others and to feel helpful can come to feel resentful towards highly dependent older persons, even though we may have fostered the dependence. Such feelings of resentment are based partly on our recognition that people can sometimes do more for themselves than they are doing, and that their abilities and potentials are not being realized. Such feelings on our part can be appropriate items to share with older persons as we attempt to be genuine with them.

h. Older people may sometimes seek to avoid the burden of responsibility and decision making as they grow older. This is natural at times for people of any age, and we should be able to empathize with older people who choose to avoid the sometimes overwhelming responsibilities and difficulties of life by becoming more dependent. Empathy, genuineness, and respect are constructive responses to this situation; neither criticism, rejection, nor automatic agreement are as helpful.

Examples of Statements by and Reactions to Dependent Older Persons

Older person:	You know, it's just so hard for me to get around, I wondered if you could just run by the store and pick up my groceries for me this week.
Helper #1:	I know it's awfully cold out this week, Mabel, but I've got so much of my own work that I don't think I'd better start doing things for you that I don't need to.

When the helper decides that what is requested is not beyond the person's reasonable ability, then the helper should feel free to say no. Helper #1 is not disrespectful, but the response is a "no." The tone of voice can make a big difference in how warm, caring, but firm a statement will seem.

Helper #2: Sure, I'll be glad to.

If the helper has convincing reason to believe that the older person is unable to get his or her own groceries and is in fact "glad to" get them, this is an appropriate response. If the helper believes it is not actually needed but agrees to do it anyhow (to avoid being assertive, to enable the helper to feel like a master, or for whatever reason), the older person is not well served because such agreement encourages continued manipulation and dependence.

Helper #3: Well, Mabel, I don't know. If I thought it was really essential for me to do it, I could try to get there for you, but if you think you could do it, I believe that would be best. I've got other things I need to be doing, but I'd never turn you down when you really needed me. Is there something more than the cold that's involved here that you'd want to tell me about? Knowing you, I don't think you'd ask if it wasn't important.

Fortunately, we usually know more about people than these brief sample statements by older persons can include. It is by considering the person's specific comment in the context of everything else we know about them and our relationship to them that we can know better how to respond. Some people we know would never make such a request unless they were absolutely incapable of leaving the house. Others are apparently looking for any excuse to have someone do something for them. Helper #3 is uncertain as to the importance of the request in relation to other requests. In this situation, the helper tries to have the older person explain more about her request so that the helper can better determine the appropriate response. In real life, different needs and interests compete, and it is not always easy to determine priorities among real needs. There is nothing wrong with sharing our inner thoughts and questions in such situations and asking others to share more with us. To say it is all right is not to suggest that it is easily done well.

Skill Building Activities

1. What is meant by dependence?

2. What are some sources of dependence?

3. What are some constructive ways of dealing with dependence?

SUMMARY

In this unit you have learned the facilitative conditions and active listening skills necessary to a helping relationship. You have had an opportunity to take a look at some behaviors to avoid as well as the opportunity to practice attending skills, paraphrasing, asking questions, reflecting feelings, showing understanding and empathy, self-disclosure and genuineness, responding with respect, and giving information. You have learned how to give constructive feedback and how to be constructively assertive. You may be overwhelmed by how much there is to remember. We know it may be difficult, but we are sure that if you truly want to be of help to older individuals, the effort you put out will be effective.

We have tried to anticipate what may be problem areas for you as a service provider and to give you the kind of information and practice that will help you overcome those possible problems. You have, as a result of working through this unit, the basic skills and knowledge to help make you an effective helper. It is appropriate to point out, however, that completing this unit is not an end but a beginning to your work in establishing helping relationships. It is not just knowledge that makes an effective helper; both desire and continual practice are needed.

A Vocabulary for Feelings

Study this list to help expand your feeling vocabulary.

abandoned
accepted
affectionate
afraid
alarmed
amazed
angry
annoyed
anxious
appreciative
apprehensive
approval
ashamed
balmy
belittled
belligerent
bitter
bored
bottled up
calm
capable
competent
confident
conflicted
confused
contented
crushed
defeated
depressed
desolate
desperate
despondent
discouraged
disinterested
disparate
dissatisfied
dispassionate
distressed
disturbed
elated
embarrassed
empty
enthusiastic
envious
excited
exhilarated
fearful
friendly
frustrated
furious
futile
grateful
guilty
happy
hateful
helpless
hopeless
horrified
humble
humiliated
hurt
inadequate
incompetent
inflamed
insecure
insignificant
jazzed
jealous
joyful
lonely
longing
loved
loving
miserable
misunderstood
needed
negative
neglected
nervous
numb
passionate
pleased
pressured
proud
put down
puzzled
reborn
regretful
rejected
rejecting
rejuvenated
relaxed
relieved
resentful
sad
satisfied
sensual
serene
sexy
shocked
startled
surprised
tearful
tense
terrified
threatened
thrilled
tranquil
trusting
uncertain
uncooperative
understood
uneasy
unhappy
unloved
upset
uptight
vengeful
vindictive
wanted
warmhearted
worthless
worthy
yearning

RESOURCES FOR FURTHER LEARNING

Alpaugh, R., & Haney, M. *Counseling the older adult: A training manual.* Los Angeles, Calif.: The University of Southern California Press, 1978.

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UNIT VI

SPECIALIZED TECHNIQUES TO HELP OLDER PEOPLE

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The Continuum Center for Adult Counseling and Leadership Training at Oakland University, Rochester, Michigan, provides individual and group counseling to men and women from young adulthood through old age as well as training for adult counselors. A special unit of the center focuses on the needs of older people by offering group counseling, training people over 55 as peer counselors, and training service providers who work with older people in counseling skills and gerontological information.

OBJECTIVES

When you have finished this unit successfully, you will be able to:

- practice the basic strategies of establishing a good relationship with older persons.
- demonstrate mastery of basic interviewing techniques.
- demonstrate knowledge of self-esteem building techniques.
- use basic problem solving skills in your work with older people.

Portions of this unit are adapted from Gerontological Counseling Skills: A Manual for Training Service Providers developed by, and available from, the Continuum Center, Oakland University, Rochester, MI 46063, under a grant from the National Institute of Mental Health.

INTRODUCTION AND OVERVIEW

If you work in the field of aging, you are in some ways in the helping business. While older people seldom ask for formal counseling appointments, you will often hear direct or indirect requests for help when you talk to them about other things. Sometimes this can be called by-the-way counseling. This unit is designed to help you become more aware of requests in a helpful manner. Older people with problems may need help in defining the problems as well as in thinking about ways to deal with them.

Clearly, the first step in helping people is to establish a good relationship. Your relationship will depend on a number of things including your beliefs about aging and the nature of the helping process. Our belief is that most people of all ages can assume responsibility for directing their own lives. Your job as a helper is to encourage older people to understand and accept themselves, and to take constructive actions on their own behalf. This unit suggests some ways of doing this by establishing relationships and interviewing techniques, teaching assertive techniques, using the life review as a helping technique, building self-esteem, assisting older people in solving problems, and alerting them to the challenge of advocacy. Throughout the unit you will find activities designed to build your skills.

SECTION A – ESTABLISHING RELATIONSHIPS AND INTERVIEWING TECHNIQUES

Part 1 - Establishing a Good Relationship

When people really trust you and feel safe talking to you, you can be much more helpful to them. If people come to you for help, they must have already decided you are someone they can trust.

The kind of relationship you establish with an older person depends, in part, on your personality and that of the particular person. The setting in which you work also affects your relationship. For example, consider the importance of your role in relation to the other person, that is, what you are expected to do with or for that person, where you meet, how much time you have available, and so forth.

As was indicated in Unit V, what you do is just as important as what you say in establishing a good relationship with an older person. It is essential that you really give your undivided attention to people when you are helping them with a problem. This means finding as quiet and private a space as possible. It is also important to look at the person while you are talking and avoid being distracted by the telephone, papers, or other people.

In order to establish a helping relationship, it is also a good idea to use the skill of reflective listening. Reflective listening is a special way of responding to people in which you indicate that you understand both their thoughts and their feelings. For example, if someone says to you in a tearful voice, "My son used to visit me every week, and he hasn't been here for two months," you might respond, "You are feeling very sad because your son doesn't come to see you the way he used to."

Reflective listening is a key to establishing good relationships because it helps establish trust quickly. By using reflective listening and paraphrasing the thoughts and feelings of the person, you communicate basic respect for that person. This helps build older people's self-esteem.

For a variety of reasons, some older people display little emotion in talking about their problems. This comes in part from social rules they learned early in life (e.g., "If you can't say anything nice, don't say anything," or "Laugh and the world laughs with you; cry and you cry alone"). The reduced emotion may also come from low energy, depression, or chronic disease. When you as a helper respond to older people with a statement that highlights the feelings they express, you help them become more aware of their feelings. Such an awareness is essential to self-understanding. It also serves as a basis for effective problem solving, which will be discussed later. Before that, we will discuss some other useful skills that build on those of establishing trust and reflective listening. The rest of this unit provides some answers to the question, What do you do after you reflect?

Part 2 - Interviewing Techniques

Regardless of the type of setting in which you work, as a service provider there are likely to be many occasions when you need to get information from an older person. Such information may be really important for your agency's records, or necessary so that the person is directed to the right place. In an interviewing situation, you can learn more about older people and be more helpful to them if you concentrate on developing a helping relationship. Being greeted with a lot of questions does not make a person feel welcomed. In order to help you appreciate what this is like, try to remember the last time you were in the admissions office of a hospital. Whether you were there because you were sick or accompanying a relative or friend, chances are you felt some apprehension. Try to think about how the admissions clerk or other person to whom you talked treated you. Did you feel like a person, a statistic, or merely a representative of your problem (e.g., the broken leg or the expectant mother)? While the way you felt was not related solely to the approach used by the admissions clerk, the way the staff acted probably had an effect.

Try to think about those feelings when you need to interview someone. It is almost always a good idea to start with a few statements of welcome and purpose before you start the questioning. Remember to do some reflective listening between questions. When you must ask someone a series of questions, sometimes it really helps to say that the questions may seem tiresome and to explain briefly the reasons why you need the information.

The manner in which you ask questions affects how they will be understood. It is important that your tone of voice, facial expressions, body posture, the speed with which you talk, and the kind of words you use all show acceptance of the person. If you ask a question with an impatient look on your face and with your pencil poised over a piece of paper, you are apt to give the impression that the paper is more important to you than the older person seated before you. Physical limitations, as well as the strain of being in an unfamiliar situation, can add to an older person's feelings of nervousness and discomfort.

You can ask questions for different purposes. So far we have been talking primarily about questions that you, as a service provider, ask in order to get information from an older person. But questions can also be used as part of the helping process, primarily to help older people clarify their thinking. When used appropriately, asking questions can be a very powerful tool.

It is not always easy to know when to ask questions. One suggestion is to listen carefully to what you hear and to start listening for missing pieces of information. When you become aware that something is missing it is time for an appropriate question. For example, if you hear Mary Smith say, "I'm so angry I don't know what to do," you probably won't know what she is angry about. You don't know whether Mary is angry at herself or someone else, or what steps she has considered taking. It might be really helpful if you would acknowledge Mary's feelings by saying something such as, "Mary, you seem to be really furious about something. What are you so angry about?"

In order to help you use questions more effectively, we want to talk about some different kinds of questions. As discussed in Unit V, it is almost always better to ask open-ended questions such as How do you feel about retirement? than closed questions such as Do you like retirement? Closed questions are narrow and usually limit the answer to a brief, factual response, often yes or no. Sometimes you really do want a simple yes-or-no answer. For example, you might want to know if a person has money for bus fare home or wishes to talk about the upcoming surgery. It is usually better, however, to ask open questions.

To underline this distinction, here are examples of closed and open questions on the same topic.

Closed Question	Open Question
Is money the biggest problem you've had since you retired?	What is the biggest problem you've had since you retired?
Do you spend most of your time at home?	Where do you spend most of your time?

Another kind of question to avoid is one that asks why. Why questions are unhelpful for many reasons. When you ask a why question, you often sound disapproving and force people to defend and explain their behavior.

Below are examples of a few why questions that have been changed. Think about your feelings as you imagine asking and answering each question.

Why (defensive) Question	Nondefensive Question
Why don't you like retirement?	How do you feel about retirement?
Why don't you participate in any of the activities in our building?	I've noticed you haven't participated in any of the activities in our building. How do you spend your time?
Why are you interested in that organization?	What about that organization appeals to you?

To summarize, in interviewing older people use an attentive and personal approach. When possible, use open-ended questions that ask what and how rather than why.

Skill Building Activities

Try to rewrite each of the following questions so the person being questioned will not feel "put on the spot" (i.e., change each of these closed questions to open questions).

1. Why won't you come to our meetings?

2. Why do you always do it that way?

3. Why do you keep looking at the clock?

SECTION B – ASSERTIVE TECHNIQUES

To many people, the word assertive means aggressive and suggests fighting. Assertive techniques here refer to straightforward ways of talking in which one person tells another his or her thoughts and feelings in an honest and respectful manner. The emphasis here is on using assertive techniques in a helpful way, not as a request to "put up your dukes." Because of negative reactions to the word, it is hard for many of us to be assertive with older people. As we imagine it, we recall our early training to respect our elders. Being assertive with them seems almost contrary to the way we have always thought. This really should not be the case.

Assertion as a helping tool invites people to look at their behavior in a different way. When used in a proper way, assertion (also termed confrontation) can help people better understand themselves and take actions in their own best interests.

Part 1 - Being Assertive With Others

Before being assertive with another person, it is important that you develop some trust with that person. In other words, you need to indicate in some way that you have respect for him or her as a capable individual and that you have no intention of inflicting hurt.

Sometimes it is helpful to point out the differences between what people say they want to do and what they actually do, or between what a person says and how he or she looks. For example, you may have spoken to someone who said, with a clenched jaw and furrowed brow, "No, I'm not angry!" If you have had this experience, you were probably confused by the differences between the angry message you thought you saw on the person's face and the message you heard. If you pointed out this difference, you were being assertive or confronting.

Similarly, think about an older woman who has said she wants to know more people at the senior center but sits by herself and reads day after day. If you call her attention to the contradiction and ask if you can help, that would be assertive behavior.

Egan (1975) points out that confrontation can be negative or positive, depending on how it is handled. When done poorly, confrontation can be seen as an attack on another person, done for the person's "own good." In other words, it is aggressive rather than assertive. Used in this way, there would be little trust. When done well, however, assertion is a gentle, caring act that encourages a person to use more fully his or her strengths and capabilities.

The timing of an assertion is also important. In building a relationship you never start with a confrontation. You have to earn the right to do so by showing the person that you care about and respect him or her. Therefore, the responding and questioning skills discussed earlier in this unit and in Unit V should always come before a gentle confrontation. That is to say, you should learn and use basic communication skills before being assertive.

Before asserting yourself with another person, it is helpful first to think about why the person's behavior bothers you and whether the person can actually do anything about it. For example, suppose Mrs. Jones comes to your office every day with a series of questions about the activity schedule. If her visits bother you because she keeps you from doing important tasks, then being assertive may be appropriate. But if the visits bother you because she reminds you of your Aunt Suzie whom you disliked, then it is not fair to confront her since she cannot change that.

As another example, suppose Mr. Smith is often a half-hour late for his appointment with you. If Mr. Smith drives or walks himself, it is appropriate to be assertive and explain to him that this disrupts your schedule. If Mr. Smith has to wait for the wheelchair van to pick him up, however, it would be better to discuss your concerns with the van driver.

It is also important to select an appropriate time and place for the assertion, not, for example, prior to the older person's planned trip or in the midst of a family gathering. Try to find a quiet spot where you may have some uninterrupted time together. You also need to build in some time for the other person to respond to your statement, so you can hear his or her point of view.

The tone of an assertion needs to be nonjudgmental. Concentrate on talking about your thoughts, feelings, and perceptions, not what you feel is good or bad about the person's behavior. Try to avoid statements such as You look like you hate me, You're stupid to forget the book, Can't you do anything right? Instead, use statements such as I feel upset when you look at me like you just did, I'm irritated that you forgot the book, or There are some suggestions I have for improvement. Remember that the goal of assertiveness is to open up communications.

Skill Building Activities

Read the following situations. Think about an assertive statement you could make that might encourage each individual to change, without offending him or her. Write your statement in the space provided.

1. An 80-year-old woman in your nursing home plays her TV at top volume late at night. Other residents have complained.

2. You are a van driver who picks up six people each day for transportation to a center. Mrs. Jones is never ready at the scheduled time.

3. You have 15 to 20 people to call each morning as part of a telephone reassurance program. Mr. Blanding talks nonstop, and you need to call the others.

Part 2 - Responding to Others Assertively

As a helping person you will probably find that you are sometimes confronted by other people, perhaps even aggressively. You may be asked questions such as: How can someone your age understand what it's like to be old? or What kind of training have you had? You may also hear charges such as You never listen to me, You're no different from all the others, or You really don't like old people.

When confronted aggressively by someone, many of us respond in one of two extreme ways: fight or flight. We may get defensive and start arguing (fight) or quickly apologize and agree even when we don't mean it (flight). Neither of these responses really helps to open up communication. Following are four constructive assertive ways to respond.

a. Reflecting. Reflecting or repeating what you have heard serves a number of purposes. It gives you some time to calm yourself, as in the old reminder to count first to 10, and time to think on your feet, so to speak. It also provides an opportunity for you to be sure you heard the message correctly and to let the speaker know you are listening.

b. Asking clarifying questions. If you need more information, an example, or more detail, ask a clarifying question. Too often we react before we know whether we are even talking about the same thing. For example, if someone accuses you of being rude to a person, respond with a question such as Can you tell me what I did or said that sounded rude? Your tone is important. It needs to indicate that you want more information, not that you are defensive or angry.

c. Stating a personal feeling. When you give a personal reaction (I'm sorry you felt that way, I'm shocked, or I'm sad), it indicates your humanness and your responsiveness. It may also serve to reduce some of the person's initial anger and make it easier to work on a solution together.

d. Agreeing or disagreeing. You may agree or disagree with all or part of a statement. Many statements are made to us that are partly true and partly false. We tend to take the part that is false and argue with it, rather than agree with the part that is true. For example, if someone says you never remember where your keys are, a statement of mild agreement may help calm things down without requiring total agreement. Such a statement is much less defensive than "I do too!" or "This is the first time this month!"

Skill Building Activities

Write a constructively assertive response to the following statements.

1. You look too young to know what I'm talking about!

2. I've had trouble all my life! Sickness, no money, and you come in here without a care in the world!

3. How come you never have time for me? Stella gets all the attention around here!

Part 3 - Helping Older People be More Assertive

So far the focus of this section has been on how you as a service provider can be assertive with older people and how you can respond most appropriately to them assertively. In addition, you might find that there will be times when they have to be assertive with a friend, family member, bureaucrat, or health care professional. Often they will be nervous about speaking assertively or confronting someone else. This is particularly true if the person has high emotional value to them or has some power over their medical care, social security check, pension plan, or whatever.

Instead of being assertive, many people hold back their feelings of annoyance or resentment. Sometimes the resentment gets so strong it leaps out in a seemingly inappropriate response to what appears, on the surface, to be a minor problem. In such cases, the seemingly minor irritation has become the proverbial straw that broke the camel's back.

In helping older people be more assertive with others, it is helpful to encourage them to talk about how difficult it is for them. When you show your understanding of their difficulties, remembering your own feelings about learning to be assertive, it may become easier for them to talk about how it could be done. Sometimes it is helpful to give someone a chance to practice with you what they would like to say to others.

For example, let us consider the not unusual case of a woman whose daughter frequently asks her to babysit at the last minute. Often she has made other plans and is torn between canceling her plans and disappointing her daughter. Practicing being assertive and talking about the feelings involved in difficult situations is often helpful to people. You might encourage her to practice with you as if you were her daughter. The following series of statements may be a helpful way to practice being assertive. This is a model that can be used when assertive behavior is needed or desired.

a. When you ask me to babysit after I've made plans to do something else,

b. the effects are I either change my plans or tell you I can't do it.

c. I feel resentful if I change, and guilty if I tell you I can't do it.

d. I'd prefer that you ask me as far in advance as possible, so we can both make our plans.

e. What is your reaction to what I've just said?

Another way to sum up the benefits of assertiveness is through the chart given on the next page. This chart compares the extreme behavior of fight or aggressiveness and flight or nonassertiveness with the model of assertiveness just prescribed.

Skill Building Activities

1. Using the same outline as that suggested for the woman asked to babysit when she had other plans, write an assertive response to the following situation.

   You visit an older man as part of your work, and he is beginning to use foul language when you try to help him.

A COMPARISON OF NONASSERTIVE, ASSERTIVE, AND AGGRESSIVE BEHAVIORS

How You Behave / How You and Others Feel	(FLIGHT) NONASSERTIVE BEHAVIOR	(IDEAL) ASSERTIVE BEHAVIOR	(FIGHT) AGGRESSIVE BEHAVIOR
	Indirect, inhibited, holding back.	Appropriately emotionally honest, direct, expressive of your thoughts and feelings.	Inappropriately emotionally honest, brutally frank.
YOUR feelings when you behave this way	Hurt, anxious at the time and possibly angry later.	Self-respecting at the time, and later.	Righteous, superior, other person is of little value; possibly guilty later.
The OTHER person's feelings about HIM or HERSELF when you behave this way	Guilty or superior.	Valued; respected as a person.	Hurt, humiliated.
The OTHER person's feelings about YOU when you behave this way.	Irritated, pity, disgust.	Generally respect.	Angry, ready to get back at you, or avoid you in future.

Skill Building Activities (continued)

a. When

b. the effects are

c. I feel

d. I'd prefer

e. What is your reaction to what I have said?

2. If you are interested in learning more about assertive behavior, you might want to read The Assertive Option by Patricia Jakubowski and Arthur Lange (1978). The outline used here is based on their work.

SECTION C — THE LIFE REVIEW AS A HELPING TECHNIQUE

This section deals with the process of the life review and suggests ways of encouraging older people to think back over their lives. Robert Butler, Director of the National Institute on Aging, has written a great deal about the life review. He says that most older people undergo an inner experience of reviewing their lives (Butler, 1975). They ask themselves questions such as Who am I, Who have I been, and How did I live my life? In Butler's view, reviewing one's life can lead to both positive and negative outcomes. On the bright or positive side, people who examine their lives and come out with a generally good feeling often experience a sense of serenity and a general acceptance of themselves. On the other hand, people for whom the balance sheet comes out negatively may experience discouragement and depression.

Some people feel the life review process is a waste of time and that those who spend time reminiscing are living in the past. Engaging in a life review, however, can be very beneficial for most people. Our attitudes toward a life review are often influenced by whose it is. We admire and talk about famous people writing their memoirs, while ordinary people such as you and I are called boring for always telling the same old stories.

In Butler's view, people tend to engage in a life review when they sense they are approaching death. Therefore, it is much more common among older people but also occurs among younger people who are anticipating death. Many people experience a sense of pride in looking back over all the events they have survived and the crises with which they have coped. Sometimes this process encourages people to think about what they wish to do with the remainder of their lives or how they might want to share material items with special people. They may also begin to acknowledge and accept aspects of their lives they had not appreciated fully before.

When families are involved in sharing in a life review, it can lead to greater intimacy and mutual appreciation. Sometimes people who have lived together for many years learn new things about each other and experience a real sense of closeness from sharing previously secret or suppressed thoughts. Another very important reason for encouraging this activity is that the process itself provides a boost to a person who has little mental stimulation.

A note of caution is needed here: While life reviews are generally positive, they can be terribly painful for older adults who view themselves as failures or who have put great emphasis on the future throughout their lives. They can also be hard for people whose pride has been closely tied to their physical appearance and for those who have consciously hurt another person. When there are any indications that a life review may provoke serious negative reactions, we suggest you discuss your concerns with a mental health professional. Such extreme reactions are not typical. For most people the life review process is an affirming experience.

As a service provider you may be able to assist older people in conducting life reviews. It would be helpful to explain the importance of life reviews to the families and caretakers of older people, but in most cases a professional mental health worker does not need to be involved in taking a life history. Rather, good listeners are needed who can reflect on what they have heard and seen and help the reviewer recognize common threads that have recurred throughout their lives. This process may help people identify the decisions they wish to make, the people they need to contact for more information, and the ways in which they wish to start action on those decisions.

If you hear an older person repeatedly telling a particular story, it is a good idea to help the person explore the significance of the story and the meaning it has for him or her at the present time. If you have the chance to bring a few older people together, they may gain from reviewing their lives in a group. When people share their recollections they often develop a sense of closeness. They can also make suggestions to each other as to how to expand their learnings.

Whether you are working with one person or a group, in listening to people talk about their lives it is important that you be aware of what they do as well as what they say. You can make the experience more meaningful for people by telling them when they smile or look happy as well as when they look sad. As people review their lives, you can help them become aware of the ways they got through difficult times. This is a very good time to help people identify their strengths and survival skills.

In listening to people review their lives, help them remember happy times and ways in which they were helpful to others. Acknowledging positive acts can often make people feel better about themselves. By way of summary, the life review process can be a successful helping technique you can use with older people

Skill Building Activities

To help make the idea of a life review more meaningful, here is one activity you can do. Once you have completed it for yourself, you can decide if you want to use it with any of the older people with whom you work. It is most appropriate for older people in the community who have some choices about how they spend their time.

Learning from Your Past

Throughout your life you have engaged in many activities. Some you have probably liked a great deal, and some you probably disliked. Reviewing those past activities may help you identify things you want to include in your future plans, as well as things you probably want to avoid. Fill in this worksheet with two or three activities that you did at various times in your life. To show you how the form works, one example has been completed. Describe some of your activities below the example.

Past Activities: At School At Work Leisure	What did you like about this activity?	What did you dislike about this activity?	What skills did you develop?	How could you use this skill in the future?
EXAMPLE:				
Acting in the class play in high school.	I got to express a lot of feelings. I felt important.	I did not like memorizing lines.	I learned to project my voice and to talk in front of people.	Being a teacher or discussion leader.

Those of you interested in reviewing your own history, or helping another person conduct such a review, might be interested in two booklets: Preparing a Personal History and An Oral History Primer, both available for a small fee from Primer Publications, P.O. Box 11894, Salt Lake City, Utah 84147.

SECTION D — BUILDING SELF-ESTEEM

Throughout this unit we have stressed the importance of helping people to understand and, we hope, to feel good about themselves. Helping older people to increase their self-esteem or self-respect is one of the most important things a service provider can do. When people respect themselves they are in a much better position to respond to crises as they arise and to make necessary decisions. This section will offer some suggestions on ways to help people appreciate their strengths, find support from others, and live independently.

Part 1 - Identifying Strengths

When older people come to us for help, they clearly need an opportunity to talk about their concerns. In responding to them it is important not to play down the seriousnees of their problems. It is also important to look for signs of health, however, and to help them focus on their abilities and strengths.

In the life review section we talked about the importance of helping people gain a sense of pride in the way they have lived their lives and survived various problems and hardships. One way to reinforce people's coping skills is to listen carefully as they describe their lives. It is helpful to ask them open questions so that they explain the ways in which they made difficult decisions in the past or coped with major illnesses or losses. As a helper you may then be able to help them identify the strategies they used in dealing with earlier problems. Almost all people who are now old have lived through difficult times. Reminding them that they are survivors and asking how they did it may increase their awareness of personal strengths.

In talking about their lives, older people frequently express regrets over the way they handled relationships or the opportunities they missed. Such expressions of regret often begin with "If only...." For example, a person may say, "If only I had stayed in high school," "If only I had gone to see my mother before she died," or "If only I hadn't been so mean." In listening to these kinds of statements, it is important for you as a helper to hear and acknowledge the sadness or anger expressed. It is just as important, however, for you to help them develop a "brag list" of things they did of which they are proud.

This need for a balanced perspective may be particularly important in dealing with widowed persons. Many people have a tendency to glorify their mates after death. In thinking back to the person and the relationship, an older person may emphasize the good things the person did. At the same time, things the survivor did not do for the dead person may loom large in his or her mind. If a widow sadly tells you about the things she did not do for her husband, ask her to tell you about the things she did do for him. This balance sheet may be crucial to a person's sense of self-worth.

It is not just when talking with widows that you need to look for positives. Have you ever talked with people so down on themselves they could not think of a single good quality they had? Next time that happens, you might ask them to give you the name of someone who likes or admires them. Then ask how they think that person would describe them. This may help them see themselves from a different, more positive point of view.

Part 2 - Support Systems and Self-Esteem

An important factor in how people feel about themselves is how they imagine other people feel about them. People who really care about a person are an important part of that person's support system. Unit VIII discusses support systems in detail and includes many suggestions as to how you can help other people identify and expand their support systems. This unit deals only briefly with support systems as they relate to self-esteem.

In recent years the importance of support systems has been emphasized by many people in the helping professions. Community psychologist Gerald Caplan (1974) says that members of a support system help each other in different ways. They help people pull themselves together emotionally, share tasks, and provide other needed resources such as money or skills.

Sometimes people do not have to be physically available or even alive to be part of a support system. Just thinking about them may be helpful. In struggling with a decision, have you ever thought how a deceased relative or friend would have handled the situation? If so, you were drawing support from your memory of someone else.

Getting support from people who are geographically distant or dead may indeed be helpful. It is also important, however, to help older people establish supportive relationships with people around them. In helping older people broaden their support systems, it is helpful to look for ways in which they can give as well as receive support. Being helpful to others makes most people, of all ages, feel needed and good about themselves. When people feel there is some give-and-take in a relationship, it often makes it easier to ask for help.

It is also important to encourage people to think about their ability to obtain support. Often encouraging people to recall how they reached out for supports in the past will be helpful. For example, suppose you are working with a woman who thinks her current support system is weak. If you help her review her life, she may get some ideas from thinking about how she developed supports in the past. She may remember that she was able to make new friends easily, or realize she made friends by becoming more active in her church, for instance. Once she remembers her past social skills, it may be easier for her to make plans for building up her current supports.

Asking for help is hard for many people. Many of us think that if we have to ask someone for support, it is not as good as if they had known we needed it. Or we may stipulate conditions such as, "It's all right to ask for help if it's a real emergency." Sometimes knowing how good it feels to be a support for someone else can make it easier to ask others for support. It is important to help people realize that if they have the right to ask, others also have a right to say yes or no and that no does not mean total rejection, only a refusal of one request.

Most people are excited by the idea of support systems and realize that supports are neither fixed nor permanent. The recognition that supports change continually over the life span encourages people to look for new supports and to be aware that they can take more control over this aspect of their lives. While a well-functioning support system is an important element in maintaining a person's self-esteem, so too is a sense of independence. Some suggestions on ways to foster independent living follow.

Part 3 - Independence, Dependence, and Self-Esteem

For many people, a major concern in getting old is a fear of becoming dependent on others. "I don't want to be a burden" is one of the concerns voiced most often by older people. With increasing age, some people do indeed have to rely more on others than they did at earlier ages. One of the real challenges in working with older people is to help them keep this dependence to a minimum.

In many communities various resources, including home delivered meals, visits by home-care aides, visiting nurses, homemaker services, and telephone reassurance programs, can be called upon to keep people reasonably independent in their own homes. For many, these kinds of services, which are discussed more fully in Unit VIII, are a key to maintaining a sense of dignity and self-esteem.

There are also some minor changes that can be made in the homes of older people that will contribute to their sense of independence and self-esteem. For example, color coding can be used to highlight hard-to-see settings on stoves, irons, and other appliances, medications can be arranged in containers that hold a one-day supply or in jars that are color-keyed to match clock settings indicating the time at which medicine is to be taken. For example, if Mrs. Jones is to use eye drops at 3:00 p.m., a piece of red masking tape can be taped both to the eye-drop container and to the number 3 on the clock.

Handrails in bath tubs, next to toilets and, if needed, along walls, can be installed for the benefit of people who are in danger of falling in their own homes. Easy-to-read vital telephone numbers in large print give one a sense of assurance. Food can be put away so that each portion is wrapped and available separately. Drawers can be arranged so that all the sharp instruments are in one section. Clothes can be put away in sets so that someone whose vision or sense of color is impaired knows what blouse or shirt goes with what skirt or slacks.

In trying to assist older people in arranging their homes, it is helpful to know their habits and patterns. It is essential to ask their suggestions as to what they need, rather than assuming the organizing for them. Involving people in making these decisions is yet another way of increasing their self-esteem.

By giving these suggestions, we do not mean to imply that they are necessarily your responsibility as a helper. It could be, however, that a home health aide, homemaker, or a family member could use some of these ideas to help an older person maintain as much independence as possible. Some people have extensive knowledge that can help older persons be more independent in their homes. You can use them as resources to help older persons by learning the referral techniques and support systems described in Units VII and VIII.

Skill Building Activities

How can you help older people identify their strengths? Think about some of the older persons with whom you work. How can you help them live more independently?

SECTION E — ASSISTING OLDER PEOPLE IN SOLVING PROBLEMS

One of the more difficult areas for many helpers is that we see ourselves as needing to answer all problems for older persons. This seems to be a natural outgrowth of our training. We really want to be helpful to others. Unfortunately, it often works in the reverse of what we intended. We end up doing for someone else rather than helping them do for themselves, often because it is quicker for us. If you have had children, you probably found it was easier to do a task yourself than to use your time to teach and reteach your children to do the same task.

Self-esteem is valuable for everyone. A large part of self-esteem lies in our ability to do as much as possible for ourselves. There is an old saying: "Give a man a fish and he'll eat for today. Teach him to fish, and he'll eat for the rest of his life." With that idea in mind, we can explore ways to use our skills to help older people solve their own problems, at least as much as is humanly possible.

The more we as helpers can understand the thoughts and feelings people have with different problems in their lives, the better we will be equipped to help them. Suggestions for ways to approach a problem through the use of a step-by-step outline follow. Use this system to think through a small problem you are presently having. Please try not to work with an extremely emotional problem. That will make it harder to keep your mind clear to understand and use the steps.

Before starting with your problem, read through the steps and the example given with each one. Remember, the important thing now is that you learn HOW to solve a problem using the steps, rather than WHAT the problem is.

Step 1. Write down the problem.

Example: Your vacuum cleaner is broken, and your carpets are getting dirty.

Step 2. Write down what you hope to do or get.

Example: You might want to get something to keep your carpets clean.

Step 3. List all the reasons this problem has been hard to solve, and the solutions you have already considered.

Example: You are confused about whether you should buy a new vacuum, a reconditioned one, or an electric broom or have a professional outfit come in and clean the carpets. Everybody is giving different advice, and you are short of time. You have thought of waiting for a sale or finding something at a garage sale. You have also thought about having a friend recommend a type or doing research at the library on different brands.

Step 4. Now try to think of more solutions, perhaps parts of ones already considered.

Example: Get more information at the library about different brands. Get an estimate from professional carpet cleaners. Find out ahead of time when certain sales will be offered. Make lists of various recommendations from others, comparing both the good and bad points.

Step 5. List all the risks and costs involved in each solution.

Example: Can you wait for a sale? Might a friend be insulted if you get a lot of information about his or her choice and then decide on something different? Will your budget cover the best choice?

Step 6. Pick the best one for your situation and individual values, based on the goal stated in Step 2.

Example: If you wanted to keep your carpets clean but your budget is already strained, you might have to make a choice between obtaining the best tool available and overextending your budget. A compromise might be to buy a cheaper model.

Step 7. Develop a plan of action for how to reach your goal.

Example: Let's imagine you have decided on a reconditioned vacuum, after considering all the factors you could. A first step would be to locate three or four businesses where you might see the various vacuums available. Then you could buy one with the agreement that if you are not satisfied, you could return it for a refund.

Step 8. Try out your plan.

Example: Buy on an installment plan or with a guarantee of return if you are not satisfied. Take the machine home and use it, or have a trusted serviceman look it over carefully before final purchase.

Step 9. Later, think about the results.

If you are not satisfied, try doing the steps again.

In reviewing this step-by-step process, and before starting on your own, it should be pointed out that there are a few general pitfalls. The first is that of not clearly separating your problem from what you want to do (Steps 1 & 2). Second, people with a problem tend to wear blinders and skip over or try to avoid Steps 4, 5, and 6 because they do take time and energy. Thinking of additional solutions, even though they may seem far fetched, increases our sense of self-control and self-esteem. Steps 7 and 8 will fail unless a person develops his or her own plan, rather than having someone else develop it for them. Finally, Step 9 can be discouraging. When you have worked hard at solving a problem, it is disappointing not to be satisfied with the results. There is never a guarantee, however, that the best of problem solving techniques will provide us with the perfect answer. Rather, problem solving techniques make the probability of that happening much greater.

Skill Building Activities

Now, pick a problem and go through the nine steps as you try to solve this problem. Write your answers in the space provided.

Step 1. Write down the problem.

Step 2. Write down what you hope to do or get.

Step. 3. List all the reasons this problem has been hard to solve and the things you have already considered.

Step 4. Now try to think of more solutions, perhaps parts of ones already considered.

Step 5. List all the risks and costs involved in each solution.

Step 6. Pick the best one for your situation, your individual values, and what you hoped to do as stated in Step 2.

Step 7. Develop a plan of action for how to reach your goal.

Step 8. Try out your plan.

Step 9. Later, think about the results.

Now that you have gone through the problem solving process for yourself, you may understand better the thoughts and feelings it brings as well as the great sense of accomplishment. Making decisions in this manner helps build self-esteem and increases the likelihood that the plan will be seen through to completion.

If the outline has worked for you, there are several ways you could use it with an older person. You could explain it using your own example so that you could be more in tune with your own feelings. Then the two of you could sit down together, define a problem the older person is facing, and work it out on paper. For some, another method would be to explain the steps carefully and then assign it as a sort of homework that you could talk about at your next visit. It helps to remind people that they have made many decisions throughout their lives and probably have used some of the same steps, but just called them by different names.

Sometimes it is helpful to ask people to describe the way they usually solve problems. If they have come to you with an emotion-laden problem, they may say they do not have any system. If so, asking how they would handle a non-emotional problem, such as dealing with a broken iron, may be helpful. As they explain what they would do, you can write down the steps they would take. Then your job is to help them translate those steps to their real problem.

Since a step-by-step process has been of use to many people, we encourage you as a helper to teach others a problem solving process they can use in the future. To repeat, self-esteem is greater when a person can help him or herself.

SECTION F—THE CHALLENGE OF ADVOCACY

The dictionary says that an advocate is one who pleads the cause of another or who functions as a support. The first part of this section will discuss how that definition applies to persons providing service to older people. The second part will list the various places in which advocacy is possible, and the final part deals with the value of communication skills in advocacy work.

Becoming an advocate does not happen automatically, rather it is a conscious effort on the part of a helper to remain constantly on the alert for occasions where a word or act will support older persons in their striving for dignity and independence. We hope that as helpers you also will think about being advocates.

One crucial area for advocacy is in helping the older person know how to use the bureaucratic system effectively instead of being overwhelmed by it. For example, when an older person needs outside assistance, having specific information on hand can help. This may include things such as:

- the name of the social agency worker who might be most helpful
- telephone numbers and addresses of service agencies
- exactly where to go to get honest answers
- names of ombudspersons, if there are any available

— where else to go if they do not get the help they need

— how long it might take to get results

In a more general sense, anything we can do to help older persons increase their self-esteem is also being an advocate. Helping an older person rehearse ways to handle a difficult situation is being an advocate. In addition, teaching the principles of assertive behavior, which includes a review of basic human rights, is indirectly "pleading the cause of another."

Support for older persons might include having information on bus routes and fares, showing them how to fill out complicated forms, obtaining a translator for those who do not speak English, and putting them in touch with their local church or synagogue. There are various areas in which advocacy is not only possible but most beneficial. You may want to consider doing one or more or the following activities:

- Become familiar with organizations that represent the interests of older people, such as Gray Panthers, American Association of Retired Persons, your local area agency on aging, the National Council on Aging, the Gerontological Society of America, and so forth.
- Keep informed about pending legislation affecting older people, such as public transportation, housing, nursing home reform, nutrition programs, tax changes, and so forth.
- Alert older persons to various discounts available to them, to possible job openings or volunteer positions, and to free classes.
- Remind prospective employers of the pool of prospective workers within the older age group.
- Form, or encourage others to form, some type of transportation system, such as private cars or vans, for those who are otherwise confined to their homes or apartments.
- Take part in demonstrations such as a senior power day.
- Attend council meetings and write letters to politicians and other civil servants who have influence over policies concerning older people.

The importance of communication skills, both to you as a helper and to older persons, cannot be stressed too much. The ability to communicate effectively is a very basic tool, one which is vital to the work of advocacy. Emphasis here has been put on being able to express your thoughts and feelings clearly. That ability can be effective in a number of ways. The first one that comes to mind is that of being an educator speaking to groups about the aging process and destroying many of the harmful and confining stereotypes associated with older people. Also, teaching adult children and other family members about the needs of their aging parents can be helpful.

Part of the task of advocates is to challenge unreasonable remarks about age, just as you would racist or sexist remarks. Ageism is bound up in the myths with which we all still struggle. As helpers, we have an obligation to alert others to condescending or thoughtless remarks. For example, when you hear someone comment "I completely forgot; I must be getting senile," you could talk about how senility is a label we too quickly put on others and that forgetting is something which occurs to all of us at some time, regardless of age. On a more personal level, if you find yourself muttering about a slow driver, "Oh, that old codger," think about the negative impact of such a remark. "Codger" says he is unwilling to change, that he is dull, uninteresting, and a drag on society.

A final comment about advocacy is that it has far reaching results, like the ripples on a pond caused by throwing a stone. We can only guess at the end benefits of positive thoughts and actions on behalf of older persons within our larger society.

SUMMARY

This unit discussed some specific skills and techniques that are important in helping older people. A first step is almost always to establish a trusting relationship. On many occasions, helpers have to interview older people. You can use a helping relationship and the skills you have learned to make interviewing helpful to the older person, as well as get the needed information.

One helping technique that is hard for many people to use, particularly when working with older people, is that of being assertive. This unit also examined ways to use assertion effectively and to respond to others assertively and included a model for use in practicing assertive responses.

For most people, reviewing one's life can be a highly productive activity leading to a sense of peace and satisfaction. When people review their lives they often discover some strengths and skills that they had forgotten. Encouraging people to develop a sense of appreciation for themselves is one of the techniques recommended to help older people build their sense of self-esteem.

As a helper, you will probably be asked to help older people solve a host of problems they encounter. This unit presented one approach to problem solving involving a step-by-step procedure. The final suggestion is that working directly with and for older people is only part of your helper role. It is hoped you also will use your skills to become advocates for older people in many different areas.

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UNIT VII

SAYING GOODBYE: ENDINGS IN RELATIONSHIPS

Barbara Engram

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OBJECTIVES

When you have finished this unit successfully, you will be able to:

- end an interaction with another person by communicating your intent to leave while showing sensitivity and caring for the other person's feelings.
- end a relationship with another person while minimizing negative feelings and resolving any unfinished business of the relationship.
- identify factors that help you determine when an older person may need professional counseling.
- discuss with an older person the idea of seeing a professional counselor in ways that allow expression of the older person's feelings.
- encourage and support the older person in seeking professional help.
- talk to an older person, after referral to a professional counselor, in ways that will encourage the person, support the counselor's work, and demonstrate concern for the older person's problems.

INTRODUCTION AND OVERVIEW

Much has been written about beginning and maintaining relationships, but endings, of single meetings between people or of relationships, have received much less attention. Maybe we just assume that all relationships, or at least all good relationships, go on forever. Of course that is not so, and saying goodbye can be handled with skill just as other parts of a relationship can and should be.

This unit examines the process of saying goodbye. It starts with ways we have learned from our social experiences to handle separations, and in sections that follow examines more effective ways of dealing with parting from others. Activities are included to help you develop your awareness and skills in various situations.

SECTION A - HOW TO HANDLE SAYING GOODBYE

We have learned ways of saying goodbye to people in many situations. Friends move out of town, the time comes for the party to end, children leave home for school or jobs, or we lose loved ones. Goodbyes may be temporary or permanent, easy or difficult. We may handle them well or in ways that are awkward and unsatisfactory. A few of the problems people have in saying goodbye are discussed below.

Part 1 - Ignoring the Situation

A frequent way of dealing with separation for many people is simply to ignore it. We may know that it is happening, but we act as if it is not. For example, when you are parting from someone, even when it is a permanent separation, how often do you say something like, "See you later," or make promises to keep in touch or get together at a later date? All of these can be a way of denying that we are actually saying goodbye.

Part 2 - Avoiding the Situation

This is similar to ignoring the situation, except that we do not pretend to ourselves that it is not happening. We realize it is happening and that we are acting as we are because the situation is uncomfortable. We all know people who clearly say that they cannot handle goodbyes. They do not go to farewell parties or they somehow always miss the last appointment or date, when goodbyes will have to be said. They manage to miss separations in the same way some people miss dentist appointments. They are never there to say goodbye and thus avoid the sadness it involves.

Part 3 - Anger

Anger can sometimes help us get away from the sadness of parting. A good example is in divorce situations. Married people who have not been getting along for a long time finally separate after a big argument. They go away so angry that they do not feel bad about parting. We can even find ourselves feeling irritated with someone as a relationship draws to a close. We may feel less and less tolerant of their habits, and more and more glad that it will soon be over. Things that did not bother us before begin to get on our nerves. By the time we say goodbye, there is no sadness left, only relief.

These ways of dealing with separation from others are not effective because they are the result either of failing or refusing to admit that the relationship is really ending or of rearranging the way we look at it to make the ending easier. Are there ways to handle separations from others that are more effective? Yes. Generally they involve facing the fact that separating from others is sad, and that feeling sad, though it is unpleasant, is natural at those times. When we accept this, we can share feelings, tie up loose ends of a relationship, and free ourselves to go on to other rewarding interactions.

In the following sections we will look at various situations involving separating from others and discuss different ways of handling them. We have two goals: to help the older person as much as possible, and to help ourselves feel satisfied because we handled a difficult situation well.

Skill Building Activities

1. In column A below, list different situations you have experienced in which people separate from each other. Some examples might be a retirement party, ending a visit with friends, or saying goodbye to neighbors who are moving.

   In column B, list things the people, including yourself, said or did.

   In column C, write whether the behavior listed is an example of ignoring, avoiding, or using anger to handle the separation. If you feel that the behavior deals directly with the fact that people are parting, place a checkmark (✓) beside it.

A (Situations)	B (Behaviors)	C (Type of Behavior)

2. Look over your completed lists. Answer the following questions for yourself or discuss them with others in a group:

   a. How do the people you know handle separations?

   b. How do you handle separations?

   c. Do people tend to handle them in the same way, or does their behavior change depending on the type of separation they are facing?

   d. Are the situations with checkmarks the same or different from the others?

SECTION B — ENDING A VISIT

Ending a visit, or a brief interaction such as a conversation with another person, is a mild form of separation and one that most people handle well. Both people know the relationship will continue, so anything that does not get said or done can be handled later. Sometimes people experience awkwardness in actually saying goodbye, but this can be handled by deciding that once you have said goodbye, you will leave, or by setting a time limit for the visit and sticking to it.

Sometimes problems can arise if you are preparing to leave an older person who wants you to stay. This situation can make you feel guilty for not wanting to stay when the older person wants you to, frustrated because you are in a difficult or awkward situation, or even irritated or angry if you feel that you are being pushed to stay against your will. You may have an appointment to see other people; staying will make you late. You are caught between hurting one person's feelings or the other's.

This sort of situation can make you reluctant to visit a person again. When you expect that a visit or even a conversation will end with this uncomfortable situation, you may find yourself avoiding the older person or making your visits as short and impersonal as possible. If this happens, the older person may become even more reluctant for you to leave on the few brief occasions when you do visit or chat. This in turn increases the pressure you feel, and the situation gets worse and worse.

In deciding how to behave in a situation like this, first take a moment to consider the realities of the situation and what you want to accomplish. An obvious goal is to end the meeting as you have planned. You probably also want to protect your relationship with the older person and to keep any uncomfortable feelings as mild as possible. In this situation, the reality is that you want to do one thing and the older person wants another. It helps to realize that even though you care about a person, you do not always have to do what that person wants you to do. In this case, you do not have to stay longer.

When we want people to do something and they do not, it is natural to feel sad or disappointed. In this situation, the older person who wants you to stay will probably experience these feelings. You can minimize them, but you may not be able to eliminate them altogether. No person can be all things to all people. You cannot make up for companions an older person has lost or provide all the friendship an older person may want or need. If you do not know how to say goodbye, begin to feel trapped, and finally avoid the person because of it, you are in the long run providing less companionship. If you can control your time, so that you are able to end a visit or conversation when you plan to, you will feel more comfortable. You will probably visit or chat more often and will actually provide more companionship for the older person.

How can you handle situations like this? Several suggestions to remember are:

a. Set a time limit for the visit or conversation when it begins.

b. Focus on the fact that this separation is only temporary. Let the older person know that you will be back. If possible, tell when you will visit again. That is more reassuring than just saying you will visit or chat again sometime.

c. Let people know that you understand and care how they feel. Even though you cannot make their bad feelings go away, and even though you are going to leave, understanding how they feel about it helps.

All these things can be done simply. They do not call for long, drawn out speeches. The briefer you can be, the clearer your message. Here is an example of how a conversation might go:

Older person: Can't you stay for a few minutes? Have a cup of coffee. I want to tell you about the letter I got from my son.

Service provider: It's time for me to go. Maybe you could tell me about it when I come next Tuesday.

Older person:	Oh, just stay for a few minutes, can't you? It gets so boring not having anybody to talk to.
Service provider:	I know it must. I know it makes you feel bad. It is time for me to go. Will you tell me about the letter next Tuesday? I'd like to hear about it.

As you say goodbye, stand up, get your coat, and move toward the door. These actions let the person known, gently but firmly, that you really intend to go. Once you have gotten that message across, you are less likely to get into a long discussion about whether or not you are really leaving. People tend to stop trying to persuade you once they realize your mind is made up.

Skill Building Activities

1. As you complete the following activity, remember these things:

   - caring for a person does not mean you must do whatever that person wants you to do.
   - your messages to another person are clearest when your verbal behavior, or what you say, and your nonverbal behavior, or what you do, match each other.
   - the briefer your verbal messages are, the easier it is for the other person to understand you and believe you.

Imagine that you are at a senior center having a conversation with Mr. Anderson. You need to end it so that you can talk with some of the others there. Mr. Anderson never seems willing to end a conversation.

a. What can you say before the conversation starts to let him know that the conversation will not go on forever?

b. List two different ways that you could tell Mr. Anderson that the conversation must end soon.

c. List two different ways that you could let him know that you care about his feelings or that you understand that he does not want you to go.

d. List things that you could do or ways you could behave to let him know you are leaving.

2. If you are studying with a group, discuss together your answers to these questions. The group leader can help you practice your skills by role playing situations after you have thought over and planned some ways of responding.

SECTION C — ENDING A RELATIONSHIP

There are times when your relationships with people end. You may move or change jobs, or the older person may move or enter a nursing home or hospital. An older person may no longer be eligible for services from your agency, so the relationship must end. Unless you are certain that you will continue to see a person, you will need to accept the fact that the relationship is really ending.

Ending a relationship is different from ending a visit or a conversation. Things that are not said or done cannot be handled later. Important things which did not occur during a relationship are called unfinished business. A lot of mental energy can be tied up in things that were not said, issues that were not cleared up, or questions that were never asked or answered. Unfinished business can take away energy we need for new relationships or leave unpleasant feelings that make us hesitate to get involved with new friends and activities. Have you, for example, known people who move to a new town but do not let go of their former friends? They talk about them and seem unable to get interested in their new lives. Ignoring or avoiding goodbyes or parting in anger may help people avoid feeling sad, but they are likely to leave them with unfinished business as well.

Sadness at separating is natural, but the feelings can be prolonged beyond the natural mourning period when we do not finish the relationship we must leave behind. Older people experience many relationship endings and can have more difficulty with each new separation. As time goes by, they can accumulate a lot of unfinished business, live more and more in the past, and get less and less involved in new friendships. With skill, you can help an older person face the separation and the normal emotions that occur and be more free to become involved with new friends and acquaintances. Because this situation is complicated, we will discuss several issues that are involved and ways of dealing with each. These include using advanced warning, reviewing the relationship, sharing disappointments, sharing feelings of loss, and talking about the future.

Part 1 - Using Advanced Warning

If we abruptly part from others or just drift away, time is not set aside to deal with the feelings and issues that come up. Knowing in advance when a relationship will end gives us time to prepare for it. How much time is enough? That depends. With too much time, the ending drags on and on. With too little time the goodbye may be incomplete, and unfinished business becomes a problem.

A good rule of thumb is to deal with separation during the last three meetings. The schedule below can be used as a guide. Be sure to change it if a particular situation requires a different approach.

3rd session from the last:	At this point, just remind the older person that you have two more meetings.
2nd session from the last:	Another brief reminder this time. You could talk about arrangements such as who will replace you, if that is going to happen.
last session:	Use this session to say your goodbyes. Be sure you have said and done the things you have planned, because you will not be meeting again.

The activities that follow are helpful during the last meeting. They are presented in the general order in which you would use them and are things people usually do when they are separating.

Part 2 - Reviewing the Relationship

Reminiscing about a relationship is pleasant and provides a chance to share one last time the things you have done together. It helps by focusing attention on the fact that there are some things, memories, that will not be lost. Realizing that they are not losing everything comforts people at times of separation and helps to ease the sadness.

Part 3 - Sharing Disappointments

When people reminisce, they tend to talk about the good things that happened. But most relationships also involve some disappointments. Things we hoped for did not always happen, and things may have happened that we neither hoped for nor expected.

Often, to be polite we do not talk about our disappointment or frustrations in relationships. But these are just the things that make up the unfinished business we have when relationships end. Talking about these things is a way of remembering the relationship as it really was and of realizing that we overcame the disappointments. Sharing these things can be a time to let others know that even though things were not perfect, we cared for them.

It is important, when talking about disappointments, to avoid blaming or making excuses, as if that could make the disappointments disappear. It is a time to express sadness and the understanding that, in good relationships, caring is more important than perfection.

Part 4 - Sharing Feelings of Loss

Expressing feelings of loss and sadness is difficult for many people, and they tend to avoid it. They do not learn how to express these feelings that do not go away even when they are ignored. But why would you want to help a person do something that is so uncomfortable?

First, telling people that we are sad to be separating from them, or that our lives will be different without them, is another way of expressing our caring for them. Older people may think you are there only because it is your job. They may not realize that you also like them.

Your willingness to express your genuine feelings may also make it easier for older people to express their feelings. You serve as a model of how to behave and talk openly about feelings. For example, when you say to Mrs. Bentley, "You know, I feel sad about not seeing you again. I've really gotten to know you, and you're kind of a special person," she may realize that you do care for her as a person. She may find it easier to tell you of her own sadness in saying goodbye.

Part 5 - Talking About the Future

Sometimes, because they feel so sad about separations, people lose perspective. They begin to feel they will always be this sad, and they feel overwhelmed. Talking about the future can help by reminding them that though they are sad now, there will be times when they will be happy. The pain of separation will fade as time goes by and they become involved with other things. Be careful not to avoid dealing with an older person's present feelings by talking only about the future, but use this approach when it will help to put those feelings into perspective.

Skill Building Activities

1. Before you try to answer the questions below, think of a person with whom you have a close relationship.

a. If you could see this person only one more time, what memories would you want to share?

b. What disappointments or frustrations would you want to tell about? (Remember to share, not blame or make excuses to change the past.)

c. How would you share your feelings? List what you would do and say.

2. If you are studying with a group, talk over the ways you responded to the questions. How dod your responses make you feel about the relationship? Which would be easy things to do? Which would be hard?

SECTION D — ENDING THE HELPING PART OF A RELATIONSHIP

As you work with older people in agencies or in their homes, you get to know them well. As your skills improve, you will begin to understand them better. You may learn that an older person needs specialized help, and you will want to refer them to someone who can provide it. When this happens, your relationship with the older person changes.

For example, suppose you have been talking with Mrs. Allen and have noticed that she seems to be very upset since the death of her husband. You are concerned and think she needs the help of a professional counselor. Suppose she does begin to see a counselor. When you visit now, do you talk to her about her feelings? If she brings the subject up, you do not want to cut her off. But she is seeing the counselor for help with the problem. You do not want to interfere. How do you continue to show her that you care, but encourage her to discuss her problem with the counselor who can offer the help you think she needs?

Referral is not just a matter of handing over a person, or specific problems that person has, to a professional. Because you deal directly with older persons, you may need to understand something about the referral process and how to handle your relationship with a person who has been referred to a professional for special help.

Part 1 - Deciding to Refer

In some cases, it is easy to decide whether or not a person needs special help. For medical or financial problems, or difficulties with social security and medicaid, the decision may be simple. But when older persons have problems in coping with life, handling interpersonal relationships, or dealing with their feelings, it may be much harder to decide whether they need professional help.

Often service providers do not actually make a referral, but they are many times the ones who let others know when an older person is having serious problems so that a referral can be considered. In giving this information to supervisors or other people at your agency who take care of referrals it is better to make the mistake of being too careful than of not being careful enough. If you feel concerned about an older person, or if you are not sure whether a problem that person has is really serious, talk it over with your supervisor. What are some of the signs that you want to watch for?

- withdrawal, loss of interest in friends, staying at home, apathy
- extreme sadness, grieving that never seems to improve
- hearing things, seeing things, imagining things
- personal care getting worse
- inability to sleep

These are not the only signs that people are having serious problems, but are some you can watch for.

Skill Building Activities

1. Make a list of things to watch for that would lead you to refer an older person to a counselor. Focus your attention on describing things older people do and say that show they are having problems.

2. In your training group, talk over the things you think would be signs to watch for.

3. Check to see if your agency has any policy about referring older persons. What is that policy? What procedures should you follow to refer an older person with whom you are working?

Part 2 - Where to Refer

Older people, like everyone else, face a variety of problems. Some may be simple, but often they are complex. A person who is feeling depressed, sad, and lonely may not eat regularly or forget to take medicine. Physical problems that result may make the person feel even more down in the dumps. It is sometimes hard to decide what kind of professional help is needed.

One good source of information is how well the person has done in the past. Suppose Mr. Hanson, who is despondent over his wife's death, is neglecting to pay his bills. The phone company has threatened to cut off his service, and he has gotten other letters about unpaid bills. Does he need a financial counselor, or a mental health counselor? If you know that he has always been a good manager in the past, you might decide that he needs a mental health counselor. He knows how to manage his money, it just seems that he cannot do so because he feels so sad and confused.

At times it may be best to refer a person to more than one professional. Since this can be confusing to an older person, and since many communities do not have as many different professionals as we could wish for, this is not done often. In addition, a professional may refer an older person to another professional. A doctor, for example, might refer a patient to a mental health counselor, or a counselor who is working with an older person might refer the person to someone who can help with budgeting and money management.

Part 3 - Talking to the Older Person About Referral

People have different feelings about going to different professionals for assistance. Most are fairly comfortable about going to a doctor for a broken leg. They might feel relieved and quite eager to get help from someone who knows about social security payments. Many people, however, are much less comfortable about seeing a professional counselor. They think it means they are crazy or that other people think they are. They may feel scared or angry if someone suggests it to them. Some older people feel embarrassed about getting any kind of help at all. They feel that it means they are not adult, or that they are a burden to others. How you talk to an older person about a referral makes a big difference. You can have a lot of influence on whether or not the person actually seeks help from a professional and follows through with a referral.

If you just come out and bluntly say, "I think you ought to see a professional counselor," an older person may become angry and defensive. If you beat around the bush, the older person may never even realize what you are suggesting, or may feel that you think there is something wrong with the whole idea. Even when someone else in your agency has actually arranged the referral, the older person may want to discuss it with you, and it will help you to know ways of discussing the subject.

If you know something about the agency or the professional to whom the older person is referred, it is easier to discuss the referral. Knowing the address and the name of the person at the agency is helpful. The more you know and trust the professional or agency, the more enthusiastic you will be about the help they offer, and that will help the older person feel better about the idea. If you have a chance, or can arrange it, you can visit other agencies, meet the people who work there, and get to know about the services they offer. This will help you when you discuss referral with an older person.

Giving an older person some information about an agency helps. I am much more comfortable when a friend says, "Call Ms. Smith. I think she is a nice person and can help you." Imagine how much more helpful that is than, "Call the clinic. They'll arrange for you to see someone about your problems." Sometimes you can help an older person make an appointment or arrange transportation. Doing all this for them may make them overly dependent on you, but sitting with them as they make the call or helping them to find the phone number can make it easier.

When you talk to older people about going to see a professional, let them express their feelings about the idea. They may not feel really comfortable until after they have met the professional and begun to work on solving their problems. Letting them express their hesitance or uneasiness about a referral can help reduce their nervousness about it. It communicates to the older person that you care about their feelings and that you do not demand that they be completely comfortable and enthusiastic.

Communicate by what you say and how you say it that a referral is made because you care about the older person. Try to be alert to any signs that people feel you are referring them to get rid of them. It is better to tell older people that you feel you do not have the skill or training to help them with a problem than to risk having them misunderstand and think that you just do not want to be bothered.

Skill Building Activities

1. Imagine how you might feel if someone suggested to you that you see a professional mental health counselor about a problem you are having. If you are studying with a group, discuss your reactions.

2. Think about an older person with whom you have worked who needed to be referred.

   a. What did you do and say?

   b. What would you do and say now?

Part 4 - Following Up

Many times, you will continue to see an older person after a referral is made. How will your relationship be changed? Since the older person has been referred to a professional for help with a problem, that problem has been turned over to the professional. In a way, that part of your relationship with the older person is ended or reduced. At the same time, you will be interested to know how things are going.

Suppose you noticed Mrs. Franklin being very depressed and talked with your supervisor about it. Mrs. Franklin was referred to a counselor whom she now sees. When you visit, she begins to talk with you about the problem as she did before. How do you react? You want her to understand that you still care, but want also to encourage her to discuss the problem with her counselor who is there to help her.

One good reason for not discussing the problem in depth is that it creates confusion for the older person. Counseling is confidential, and you do not know what the counselor is saying. You may give a different point of view that will only confuse the older person.

The reason for referring the older person to a professional for help is that special training and skill are needed. If you have explained this as a reason for the referral and then continue to discuss the problem in depth, the older person may be unsure just why the referral was made.

One of the things that is hard about referring is that you must trust the professional to do a good job. If the older person complains about the counselor or other professional, suggest that he or she discuss the matter with the professional. An older person, or any person who is seeing a professional, has the right to say if the services are not helping. You can help by supporting the older person in exercising this right. Older people also have the right to disagree with professionals. If an older person asks your opinion about things the professional says with which he or she seems to disagree, encourage the older person to express the disagreement to the professional. A professional who does not know and is not told that a client disagrees will not be able to discuss the matter further with the client to reach an understanding. Most professionals are willing to listen when a client disagrees. If you find that this is not so, you will want to think twice before referring another person to that professional.

The general purpose of follow-up is to assure yourself that the referral is working and that the older person is seeing the professional and getting needed help. You continue to serve the older person in many ways, to care and to be supportive and encouraging. Though you no longer deal in depth with the problem for which the referral was made, your relationship can continue to grow. What is absent from your relationship is sharing and discussing a particular problem the older person has. What is added is a richer understanding that you are a person who cares and helps in many different ways.

Skill Building Activities

1. Think about the following situation, and write down different ways you could react. Write down what you would do or say.

   a. How could you determine that an older person who was referred has actually gone to see a professional?

   b. How can you respond if the older person tells you what the professional said and asks your opinion?

      If you agreed with what the professional said:

      If you disagreed with what the professional said:

c. How can you respond if the older person starts to talk about the problem?

d. How can you show that you still care without discussing the problem in depth?

2. When you have finished, look back over this section and compare your answers with the suggestions given.

3. After you have thought over your answers, you can discuss them with your study group. With the trainer's help, you may try tole-playing these types of situations to practice your skills in dealing with them.

SUMMARY

This unit examines different types of separations ranging from the ending of a single visit or interaction between two people to the ending of a relationship. Referral of an older person to a professional for specialized help is considered a type of separation because it involves ending a part of a relationship between the service provider and the older person. The unit begins with a discussion of some ways people in our society have learned to deal with separations, including ignoring or avoiding the situation and anger.

The unit also discussed ways of dealing with the ending of a single visit or interaction, which involves both expressions of caring and clear communication of the service provider's intentions. The termination of a relationship with an older person involves stronger feelings and is a particularly important aspect of a relationship because older people often experience many losses of friends, family, and acquaintances. The unit presented methods for helping the older person deal with feelings and illustrated ways to insure that the service provider and older person do not end their relationship with unresolved issues.

Finally, the unit examined in depth the situation in which an older person is referred to a professional for help, discussed issues involved in the decisions about when and where to refer, and presented methods of talking with an older person about referral and following up after the referral has been made.

RESOURCES FOR FURTHER LEARNING

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UNIT VIII

HOW CAN I MAKE THE BEST USE OF SUPPORT NETWORKS?

Harold E. Salmon

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His involvement in gerontology began with his doctoral thesis on counseling older persons in 1970. Since that time he has directed a social services program of an area agency on aging, served as Coordinator of Continuing Education with the Institute of Applied Gerontology at St. Louis University, and directed an Administration on Aging Quality Improvement Project on counseling older persons. He has written professional articles on counseling and aging and has served as workshop presenter, speaker, and consultant to numerous groups and programs that work with older persons.

He is currently an Aging Program Specialist with CEMREL, Inc., an educational laboratory in St. Louis.

OBJECTIVES

When you have finished this unit successfully, you will be able to:

- recognize and understand your role as a team member among numerous community supports.
- distinguish between formal and informal support systems.
- identify major components of both the formal and informal support systems in your community.
- understand and recognize major steps to follow in developing support systems.

INTRODUCTION AND OVERVIEW

In this unit support networks or support systems are personal and community resources that help persons obtain what they need, including self-esteem. Support systems help persons of any age deal with problems and challenges. They also help individuals use their talents, feel better about themselves, and enrich the meaningfulness of life. In short, support networks are any community resources that promote health, well-being, and life satisfaction (Caplan, 1974). Emphasis in this unit is placed on person-to-person supports.

This unit on using support systems is intended to help you learn about and establish working relationships with community resources that promote the well-being of older persons. The major focus is on support and referral systems that relate most directly to mental health. In one sense almost any resource that enhances the well-being of an older person likely has a positive influence on that person's mental health. Not all places and persons are equally important, however, in contributing to positive mental health. This unit is intended to help you identify some of the most important places and persons that may benefit the mental well-being of older adults.

Another purpose of this unit is to suggest ways that you as a service provider may better use the mental health resources available to the older persons with whom you work. This latter purpose is related to the overall aim of this manual, which is to improve and increase a wide range of mental health services available to older persons. Your helping relationships with older persons will enable you to know more about their needs, problems, and concerns. This knowledge, together with your familiarity with programs to help them, will enable you to be a major link in the support systems of older persons. Our intent is to improve your ability to help people with problems by referring them to appropriate resources.

SECTION A — BACKGROUND INFORMATION

Part 1 - Importance of Learning About Support Systems

Mrs. Smith is returning home from a health clinic. She shares with her van driver information about her health ailments and what the doctor said about them. Mrs. Smith continues her story even after the van has arrived at her stop. The van driver has learned to be a good listener, and he is very attentive to Mrs. Smith; however, other passengers in the van are in a hurry to return to their homes.

The van driver has been an important part of Mrs. Smith's support system, but she may need other persons with whom to share her thoughts. She seems to have much to tell.

You may often find yourself in a situation similar to that of the van driver. You want to help as much as possible, but there are limitations. You cannot be expected to be a good listener, with no time limitations, on all occasions. You cannot be expected to be an authority on all programs that provide services and benefits for older persons. But you may serve as a reliable resource who can help individuals tap into a network of community supports that may provide needed assistance. By making the best use of support networks, you may achieve the following:

a. You relieve yourself of having to be all things to all people (obviously an impossible task).

b. You become an important information and referral resource to older persons.

c. You become recognized as a more important cog in the overall system of community assistance.

Part 2 - What Is a Support System?

The following are some of the frequent themes one finds in discussions of the nature of support systems:

a. Support may be broadly classified into two categories:

    1. That which is aimed primarily toward helping the individual get something done (e.g., obtaining needed resources, overcoming major problems).

    2. That which is aimed primarily toward intimacy, caring, or companionship.

b. Though we all need various kinds of support at different points in our lives, there are significant individual differences in our willingness to seek help and in our skills in obtaining that help.

c. Professionals and organizations can provide needed support, but family and friends remain major potential sources of help.

d. A system of supports is a combination of resources that together help meet the needs of an individual (Caplan, 1974; Waters & Epstein, 1981; Waters, Weaver, & White, 1980).

Although support aimed at helping older persons obtain needed physical resources is addressed briefly in this unit, emphasis is placed on support aimed toward meeting their intimacy and other mental health needs. The benefits to older persons that may result from support from others include admiration, satisfaction, love, physical intimacy, companionship, encouragement, acceptance, comfort, guidance, help, and knowledge. These can sometimes be provided directly by service providers and can sometimes be arranged or facilitated by them (Pearson, 1980).

In summary, there are many kinds of support and diverse community organizations and individuals who may provide needed support. The existence of community resources does not ensure that all individuals who might benefit from them will do so. Some individuals may be reluctant to seek help. Others may not have the knowledge and skills necessary to obtain support. They may need help to gain access to a potential support system. Below is a description of major sources of support in many communities.

SECTION B – SOURCES OF COMMUNITY SUPPORT

On the following pages sources of community support have been classified into formal and informal helping agencies and individuals. The formal category consists of those agencies and individuals that have an organizational or professional mission. The informal support category consists of people who have frequent contact and potentially deep relationships with older individuals, and could easily provide needed support.

Communities vary greatly in their availability of both formal and informal support systems. You may benefit from using the list of resources discussed below as a guide to assessing potential sources of support for older adults in their communities. Space is provided for you to describe the specific service available in your community following the discussion of each major resource. You will want to know the name, address, and telephone number of each agency listed as a resource, as well as the name of one or more contact persons. Write down notes that you may want to remember about service agencies and include information such as hours of operation and restrictions on who is eligible for services.

Part 1 - Formal Support System

Information and Referral Sources

Mr. Brown, a 78-year-old widower, cannot believe what he has just experienced. He phoned the local social services agency that administers the Title XX (Social Security Act) Program to find out if he is entitled to homemaker service and home meals under that program. He rang one number off and on for what seemed like a half-hour or more before getting through. Then he learned that he would have to call another department. He called three more numbers before reaching a staff member who mentioned that he would have to pass a means test. "A means test? What is that?" Perhaps an information and referral center could have connected Mr. Brown with an appropriate staff person from the start to provide him information regarding his eligibility for services.

Information and referral (I & R) is a label frequently given to resource centers. Skilled staff members at these centers have information at their fingertips on service agencies throughout the community.

Most area agencies on aging provide I & R and frequently serve numerous communities. If you are not already familiar with the I & R component of your area agency on aging, learn as much as possible about it. In many instances that division is the primary community source of information and coordination for the overall support network for older persons. Other agencies in your community may also provide I & R: hospitals, public and private social services agencies, and educational institutions, for example.

You may wish to contact I & R centers to ask questions such as: (a) Where can older persons obtain a Medicaid card? (b) Are any colleges or universities in the area offering tuition-free classes for older persons? (c) What types of low cost housing are available for older persons in the community?

Keep two important principles in mind as you work with I & R centers: (a) If you learn of outstanding services in your community that are being provided for older persons, be sure to inform I & R centers of this information. These centers and older people benefit from such reports. (b) If you refer an older person to an I & R center, check to see in what ways he or she received help. Follow-up is extremely important.

Below, list the centers or agencies in your community that provide information and referral services.

a. Area Agency on Aging I & R Center(s)

name:

address:

phone number:

contact person(s):

notes (hours of operation, etc.):

b. Other I & R Center(s)

name:

address:

phone number:

contact persons:

notes:

Community Mental Health Centers

Somewhere in or near your community a staff person of a community mental health center (CMHC) has likely said recently, "We know that we are serving only a small percentage of older persons. But I am just not certain how to reach them, how to attract them to this center." Also in your geographical area, there are older individuals who feel that life is not really worth living because of the loss of their spouses. There are older persons who are depressed and who say that they do not want contact with anyone. There are others who really believe that they are losing their minds because they seem to be forgetting things more frequently. As a service provider, you are in a position to help identify older persons who may benefit from counseling and to inform CMHC staff members of the existence of these individuals.

The federal government has encouraged the establishment of CMHCs in numerous regional service areas (subdivisions of states) across the country. The intention was that all persons in this country would be reasonably close to a CMHC. At least on paper, the framework was established to give everyone access to mental health services. The goal of giving everyone access to a CMHC, however, has not been reached. Many communities remain unserved by these agencies.

Where CMHCs exist, they are currently urged to expand their services for older persons. Services at these centers may include educational and related preventive mental health programs, individual and group counseling, and psychotherapy for severely mentally disturbed persons.

Do you know the name and location of the CMHC nearest you? If a CMHC is reasonably close, you may wish to contact it to arrange a workshop for your community or agency on mental health of older persons. You can establish a working relationship with staff members of the CMHC in order to make appropriate referrals.

Below, name the CMHC nearest you and fill in the other blanks that provide information about it. Does this CMHC have a staff person who works only with older persons? Are special services for older people available?

CMHC

name:

address:

phone number:

contact persons:

notes:

Other Public and Private Mental Health Centers

Most urban areas have a number of private and public mental health centers, sometimes called clinics, that may include:

a. organizations that exist almost solely to provide counseling and related mental health services for families, such as various family and children's services organizations;

b. psychiatric and mental health units and social services departments of private and public hospitals that may serve both inpatients and outpatients; and

c. local public and private mental health centers, not connected to the federally funded CMHCs discussed previously.

What do most of these various mental health centers have in common other than providing counseling and related services to those who use them? Most of the centers have some combination of psychiatrists, psychologists, social workers, and counselors who provide their services. Most have a limited number of personnel who can reach out into the community to publicize their services and recruit participants who could benefit from them. Most have traditionally underserved older persons and only now are beginning to recognize the need for and desirability of improving services to older persons. These centers do not serve only the "mentally ill." They generally provide a wide range of preventive services for normal individuals who simply may need help in periods of change or stress, or who need help in resolving specific problems.

How do these clinics work as part of support networks? Personnel at these centers tend to be highly trained in interpersonal skills and capable of providing a high level of assistance to older persons. Because of the demanding workloads of these specialists, however, it may be necessary for you or someone from your agency to do some footwork in contacting these potential helpers.

Begin compiling a list of public and private mental health centers in your community. Try to identify specialists at these centers who seem to have a genuine interest in older persons. Follow the outline below in gathering information:

Local Mental Health Organizations

a. name:

address:

phone number:

contact persons:

notes:

b. name:

address:

phone number:

contact persons:

notes:

c. name:

address:

phone number:

contact persons:

notes:

Private Mental Health Practitioners

In or near your community there have probably been discussions similar to the following among psychiatrists, psychologists, and other mental health specialists:

Specialist #1: I am becoming more aware that I have underserved older persons and have not recognized their potential for continued growth and development.

Specialist #2: Hogwash! We have only so many resources, and it is foolish to waste them on older persons who are pretty much set in their ways.

Specialist #3: I have such limited experience in working with older persons that I am uncertain about how to contact them or how best to help them.

Here, one private practitioner appears ready to become an important link in the support systems of older persons. Another could easily be convinced to become more supportive. The remaining specialist will not likely be helpful without undergoing a significant change of attitude.

You can help develop the support systems of older persons by identifying appropriate private mental health specialists in or near your community. You might also learn more about their specialties and the kinds of referrals that should be made to each. The following information may provide a good starting point.

A psychiatrist is a medical doctor who specializes in mental health and who should have the skills to handle severe mental disorders. Psychologists, counselors, and social workers are also highly trained mental health specialists but without medical degrees. Often, these various specialists have private practices. Generally, persons who receive services from these private practitioners must pay a fee, but under certain conditions various forms of insurance may cover the payments. It is very important that older persons who receive services from private practitioners learn on their first visit what fees will be required and whether or not their insurance will cover any portion of the payments.

Generally, more serious problems are referred to psychiatrists and psychologists. Older persons who are suicidal, who are depressed or oppose any outside contact, or who have unsatisfactory and dramatic personality changes may need the services of one of these specialists. Also, persons having great difficulty in coping with major losses or who experience other significant changes in their lives might benefit from these services. Although some private psychiatrists and psychologists may deal with preventive services such as decision making and relatively mild psychological concerns, these milder problems often can be handled by counselors, social workers, and paraprofessional helpers.

Below, list some mental health specialists in your community who are interested in serving older persons.

Private Practitioners

a. Psychiatrist

name:

address:

phone number:

notes:

b. Psychologist

name:

address:

phone number:

notes:

c. Other mental health specialists

1. name:

   specialty:
   (counselor, social worker, etc.)

   address:

   phone number:

   notes:

2. name:

   specialty:

   address:

phone number:

notes:

Medical Professionals and Paraprofessionals

Mrs. Jones, a 75-year-old woman in excellent health, has been seeing her doctor at least three times a year for the past 10 years. Does she expect to find something wrong with her on one of these visits? Probably not. She appreciates her doctor's comforting manner and reassurance that all is well.

Older persons generally have a great deal of faith in their doctors and see them regularly. Some doctors have negative attitudes toward older persons and remain insensitive to their needs. The fact remains, however, that many medical practitioners are devoted to providing quality care for older persons.

Establishing cooperative working relationships with medical practitioners is important. Obviously, these practitioners are needed when older persons suffer various physical ailments, but they also may help remedy psychological concerns. Frequently, psychological problems of older persons are closely connected with physical disorders.

You might keep a list of physicians, dentists, and other medical specialists in your community who have been especially attentive to the problems and concerns of older persons. Making referrals to and obtaining feedback from these specialists may strengthen your relationship with them, which may result in improved services for older persons. There are medical codes that regulate client confidentiality; learn what kinds of information may be shared in your state, and under what circumstances that information may be provided.

Below, list some of the physicians and dentists in your community who are highly concerned with older persons.

Medical Specialists

a. name:

address:

phone number:

specialty:

b. name:

address:

phone number:

specialty:

c. name:

address:

phone number:

specialty:

notes:

Legal Professionals and Paraprofessionals

Lawyers and their specially trained assistants may be much needed by older persons. For many individuals there is a greater need for legal assistance in later life than during any other period. Wills are frequently made or revised at this time of life, and people may choose to establish trusts or make other kinds of financial arrangements. Because older people become increasingly vulnerable to crime and harsh economic pressures such as skyrocketing rents, they frequently seek legal counsel to help resolve these problems.

Legal practitioners can help older persons in ways other than providing legal assistance. They can develop close and caring relationships, and they can learn to make appropriate referrals.

Below, list some of the legal practitioners in or near your community who have shown a deep concern for older persons.

Legal Practitioners

a. name:

address:

phone number:

specialty:

notes:

b. name:

address:

phone number:

specialty:

notes:

Multipurpose Senior Centers and Nutrition Centers

Mrs. Smith attends a multipurpose senior center near her home five days a week throughout the year. She eats her noon meal there. She also looks forward to socializing with several of her friends at the center. In addition to these pleasures, Mrs. Smith uses the following services of the center: annual foot-care screening, semi-annual blood pressure screening, and transportation, as needed, to visit her doctor.

Multipurpose senior centers and nutrition centers have become important components of support systems for some older persons. Multipurpose senior centers are sites where older persons can find needed services such as nutrition, health screening, educational and related social activities, information and referral, transportation, and so forth. Nutrition centers provide meals, some social activities, and a limited number of other supportive services. The line that separates nutrition centers from multipurpose senior centers, however, is often unclear.

Keep the following points in mind concerning the importance of multipurpose senior centers and nutrition centers:

- Increasingly, personnel in the field of aging are recognizing the advantages of providing mental health services either directly at these centers or through outreach coordinated through them.
- Staff at these centers can improve their services by developing the kinds of helping relationships discussed throughout this manual.

Contact the I & R component of the area agency on aging nearest you for a listing of the multipurpose senior centers and nutrition centers in your area. In the space below, list the various centers and the services they provide.

Centers

a. name:

address:

phone number:

contact persons:

notes:

b. name:

address:

phone number:

contact persons:

notes:

c. name:

address:

phone number:

contact persons:

notes:

Educational Institutions

"I'm too old to take courses and participate in formal education." This comment was made by more than one-out-of-every-four persons over the age of 65 in a recent national survey (Harris & Associates, 1975). Would these same individuals say they are too old to learn? Or to contribute to learning? If so, what misinformation!

The overall educational system is beginning to reach out to older persons and become a part of their support network. Elementary and secondary schools, adult education programs of school systems, community colleges, and four-year colleges and universities are providing various forms of support for older persons.

Elementary and secondary schools contribute to the support network for older persons in a number of ways. Some elementary and secondary schools provide lunch programs at very low costs for older people. Also, over one-million older persons are being used as resources in elementary and secondary schools across the country (Murphy & Florio, 1978). These older individuals are performing roles ranging from teacher assistants in the classroom to helpers in various kinds of clerical positions. Many elementary and secondary schools also invite individuals of this age group to attend special events at little or no cost. Musical programs, plays, and athletic contests are examples of some of these events.

Adult education programs may also be a part of the support systems for older persons. These programs are sponsored by a variety of agencies such as public school systems, church groups, businesses, community colleges, and four-year colleges and universities. Many of these agencies have begun to offer various courses and workshops specially designed for older learners.

Some community colleges are now making special efforts to attract older persons to their programs. Older persons are being encouraged to enroll in regular courses and sometimes are offered special workshops and courses. Some community colleges have included cable television programs, special counseling, and preretirement programs for homebound older persons. In some cases fees have been reduced or eliminated.

Four-year colleges and universities vary greatly in what they are doing for older people. Of course, qualified older individuals may enroll in regular courses and pursue degrees, and many older persons are doing that. In addition to their participation as regular students, however, older persons receive some special provisions. Many colleges and universities offer regular courses free for older people on a space available basis. Some colleges and universities also have departments that offer courses on aging and conduct research in this area.

The Elderhostel program offers another educational opportunity for older persons. Through this program, older persons are invited to campuses during specified sessions or blocks of time. The sessions usually occur when fewer students than usual are on campus and dormitory space is available. The Elderhostel program, which is growing at a rapid pace, offers a wide range of high-interest courses at low cost for older persons.

The various educational programs listed above contribute to the support systems of older persons by providing learning opportunities and meaningful social experiences. Some of the programs also provide an opportunity for service. Below, list some of the educational programs for older persons in or near your community.

Educational Programs

a. Elementary school

name:

address:

phone number:

type of program:

contact person:

notes:

b. Secondary school

name:

address:

phone number:

type of program:

contact person:

notes:

c. Adult education program

name:

address:

phone number:

type of program:

contact person:

notes:

d. Community college

name:

address:

phone number:

type of program:

contact person:

notes:

e. College or university (four year)

name:

address:

phone number:

type of program:

contact person:

notes:

f. Elderhostel program

location:

phone number:

contact person:

notes:

Churches and Other Religious Organizations

Some close friends would say that Mrs. Jackson is now no more religious than she ever was. At 83 she prays at meals and bedtime as always, and her Bible reading has decreased because of her eyesight. But, somehow, she seems to be more reliant on her church. Although it provides the same spiritual enrichment as always, her church means more than just that. Several of her closest friends are members of the congregation, the church has a seniors club that has monthly socials, and Mrs. Jackson is an important member of a telephone reassurance team that is regularly contacting homebound church members.

Many older persons are involved in some way with their religious organizations, more so than with most other agencies discussed in this unit. Of course, the main function of most religious groups is to meet the spiritual needs of their members, but these groups provide other forms of support. They may offer educational programs, and they frequently sponsor multipurpose senior centers and nutrition sites.

Religious groups currently provide considerable support for older persons but have the potential to do much more. Are you aware of any social, educational, or service programs that religious groups in your community are offering older persons? Are any of these organizations interested in broadening their services? Have any church leaders expressed a desire to increase training in helping skills among the members of their religious groups?

notes:

Public and Private Social Services Agencies

Do you remember the Abbott and Lou Costello act, "Who's on first?" You could create a skit just as funny called "Title________________________ is ______________________________." Although some social services agencies operate independently through fees and private donations, many others provide assistance under some kind of government reimbursement program. Different programs are administered under different laws and regulations. Title III of the Older Americans Act is not the same as Title III of the Social Security Act. To add to the confusion, Title III of the Older Americans Act as amended in 1975 is not the same as Title III of the same Act in 1978. If you can live with this kind of complexity, you are more than ready to help older persons benefit from programs administered by these agencies. You do not need to know the details of these laws and regulations in order to benefit from the programs offered by these agencies.

To help older persons benefit from these agencies, keep the following points in mind:

- Examples of social service agencies include the following:
    a. Public agencies — such as state and local departments of social services, local housing authorities, and state and local employment agencies.

    b. Private agencies — such as visiting nurses associations and other home health care agencies, family and children's services organizations, and private homemaker agencies.

- Social services agencies administer a variety of programs that frequently include income maintenance, educational, recreational, nutritional, and homemaker services, other health services, information and referral, housing services, transportation, and casework.

- To sort out which agencies provide what services, the best starting point is to discuss this with a knowledgeable information and referral specialist in your community.

- You may be an important link between social services agencies and older persons. By developing contacts with staff members of these agencies, you can report on the extent older persons are satisfied with the services being provided, report on unmet needs, and suggest changes that will result in improved services for older persons.

Begin developing a list of key social services agencies in your community.

Social Services Agencies

a. public agencies

name:

address:

phone number:

contact person:

primary services:

notes:

name:

address:

phone number:

contact person:

primary services:

notes:

b. private agencies

name:

address:

phone number:

contact person:

primary services:

notes:

name:

address:

phone number:

contact person:

primary services:

notes:

ACTION Programs

ACTION is the agency of the federal government that focuses on the development and provision of volunteers. At least three ACTION programs contribute to the support systems of older persons: the Retired Senior Volunteer Program (RSVP), the Senior Companion Program, and the Foster Grandparent Program.

The RSVP and Senior Companion Programs provide opportunities for eligible older persons to provide a worthwhile service. The RSVP Program provides many different services for older persons and others in need. The Senior Companion Program is much more focused, primarily providing a friendly listener relationship for isolated older persons. This friendly listener service is related very closely to the helping role you are being encouraged to perform.

The Foster Grandparent Program offers an opportunity for older persons to be of service to youth. Through this program a wide range of educational, friendly-listening, and related services are provided for youngsters, especially handicapped children.

Below, list the ACTION programs that are available in or near your community:

ACTION Programs

a. RSVP Program

address:

phone number:

contact person:

notes:

b. Senior Companion Program

address:

phone number:

contact person:

notes:

c. Foster Grandparent Program

address:

phone number:

contact person:

notes:

Specialized Senior Clubs

It is not uncommon in larger cities to find literally hundreds of clubs for older people. These clubs range from the more formal ones that are affiliated with national organizations to small informal clubs associated with church groups or neighborhood organizations. Many are affiliated with the American Association of Retired Persons-National Retired Teachers Association. Many others are independent.

Generally these clubs for older persons have voluntary memberships. They vary a great deal in terms of their purpose and agendas at meetings. They form a part of the support network of older persons by meeting various leadership, social, educational, and recreational needs of their members.

Does any information and referral center in your community have a complete listing of senior clubs? Does your local chamber of commerce have a listing? Below, list at least two senior clubs available to older persons in your community.

Senior Clubs

a. name of club:

contact person:

phone number:

purpose:

notes:

b. name of club:

contact person:

phone number:

purpose:

notes:

Part 2 - Informal Support Systems

Informal support systems may be older persons' most important sources of help. Frequency of contacts and the emotional depth of relationships between older persons and their informal support systems confirm this. Family members, friends, and neighbors are often the most important elements of these informal support systems. Each of these will be discussed in detail.

Families

One's spouse, children, grandchildren, brothers, sisters, and other relatives may be major sources of support. Family members almost inevitably have a profound effect on older persons. But these relationships between older persons and members of their families may be helpful or harmful to the well-being and adjustment of the older persons.

Older men are especially fortunate in maintaining their spouses. Nearly three-of-every-four men over the age of 65 are married and living with their spouses (Butler, 1975). In instances where the quality of the relationship is positive between marriage partners, the mutual support is almost immeasurable. Companionship, care, concern for one another's health and well-being, and awareness of changes that may signal health problems are some of the many ways that one spouse may support another. There may also be a spiritual component in the relationship, a component that helps give each a purpose in living and a sense of life's meaningfulness.

Developing the interpersonal skills discussed in this manual may enable spouses to be even more helpful to one another. Becoming a better listener and becoming more comfortable in demonstrating the care that one feels may enhance the quality of any relationship.

Older women, however, are not so fortunate as men in maintaining their spouses. Only about one-in-three women over the age of 65 is married and living with her spouse. The older woman obviously derives many of the same benefits from the marital relationship as the man, but she may have to cope for a longer period of time without a spouse. Other components of the informal support network may be much more crucial to her (Butler, 1975).

Children and grandchildren also may support older parents or grandparents. Middle-aged children generally care greatly for their older parents and provide needed help for them in a variety of ways. Most older persons who have children live close to and maintain frequent contact with at least one of them. The oldest daughter is the one who most frequently provides help, but most middle-aged offspring provide some form of support. The support given by these middle-aged offspring may include financial help, placing parents in contact with needed service providers, and maintaining caring contact through phone calls and personal visits (Shanas & Streib, 1965).

The contribution of grandchildren may be more diverse than it appears. Grandchildren may be a source of pride for older persons and may increase life's meaningfulness for both youngsters and grandparents. But the grandparenting role is viewed very differently by different older persons. Some grandparents want to have frequent contact and deep emotional involvement with their grandchildren. Others prefer a more distant involvement (Neugarten, 1968).

Another source of support, and one that is frequently overlooked, is provided by brothers and sisters of the older person. Sometimes these relationships, which have been relatively inactive in one's earlier adulthood, are revived in middle and later adulthood. Especially in the absence or unavailability of middle-aged offspring, older persons may count on their brothers and sisters in time of need (Atchley, 1977).

Family relationships can be strengthened for the benefit of older persons, and family members can be taught the helping skills discussed in this manual. They can also learn more about the aging process. Elementary and secondary schools can play a greater role in educating grandchildren to understand their significance in the lives of their grandparents. Families already serve as a primary support for older persons, but through proper training in helping skills and education regarding the basic facts of aging, families can do even better.

Skill Building Activities

Think about the following questions:

1. Do you attempt to contact family members when you observe serious needs of older persons?

2. Do you help family members connect with service providers who can meet these needs?

3. Do you attempt to involve family members as much as possible in developing cooperative relationships in serving older persons?

4. Think of some times you have done these things and when you have not. What were the results?

5. What might you do now?

Friends

A friend may be viewed as one with whom we can feel comfortable and discuss our concerns, and from whom we can expect help in time of need. This holds true for friendships at any age, including older adulthood. Friends may provide some of the services discussed in this unit or help place older persons in contact with other providers of these services. Perhaps the most significant forms of help that one friend can give to another include caring, attentive listening in times of need, and positive regard at all times.

Skill Building Activities

Think about the following questions:

1. As you observe loneliness and isolation among some older persons, do you help remind them of former friendships that can be rekindled? Or of the possible need to develop new friendships?

2. Do you attempt, with permission, to involve friends of older persons in obtaining needed help?

3. When have you done so?

4. What was the outcome?

Neighbors

Neighbors are like friends and relatives in that they can develop close emotional ties with older persons and be counted on in time of need. They can easily check on one another during periods of stress or illness. They also can offer helping relationships discussed in this manual and can be helpful contacts for you and other service providers.

Skill Building Activities

Think about the following questions:

1. Are there any times that you attempt to call upon neighbors for assistance in helping older persons?

2. Are there any programs in your community that attempt to improve the helping skills of neighbors? If so, what are they?

SECTION C — ASSISTING OLDER PERSONS IN DEVELOPING SUPPORT SYSTEMS

You as a service provider can increase your effectiveness by working together with others in helping older adults. To work independently and in isolation as you serve older persons is to miss the wealth of opportunities to improve service delivery. The entire community may benefit from teamwork.

Identifying community resources is a good starting point for increasing service effectiveness. Developing contacts for appropriate referrals is a giant second step. Entering into cooperative relationships almost ensures improved services. But your job is not complete until repeated follow-up efforts are directed at finding out what happens as various community resources are tapped. Asking older persons how they feel about the services that they receive may be the best source of information.

Keep in mind that the preferred support system for each individual older person is different. Some older persons, at least for a period in their later years, may be perfectly content with family and friends as their principal supports. Others may rely completely on government agencies. The support system for each individual differs not only from one person to another, but also from one time to another during life. The overall system of supports in the community must be flexible enough to enable one to enter and exit those supports according to need.

Part 1 - What To Do When Resources Are Unavailable

Not all of the services discussed in this unit are available in every community. If needs are unmet when resources are available for meeting those needs, improving information and referral programs may help. There may be times, however, when needed resources do not exist in the community.

If you are aware of unmet needs of older persons in your community, you can help correct this condition. At the local level, informing newspaper reporters, radio and television reporters, and other media specialists may give an unmet need visibility. Sharing information with social workers, professors, and local government leaders may also be helpful. By doing this, you are serving an advocacy role for older persons, helping to make their unmet needs more known in the community. This role was described in more detail in Unit VI.

At the state, regional (within state), and local levels, a network in the field of aging already exists for improving services for older persons. State and area agencies on aging have responsibility for continually assessing the extent to which many of the important needs of older persons are being met. You can provide oral or written reports to these agencies to help them determine to what extent older persons are receiving needed services. These reports may be presented at hearings or submitted to agency offices. Sometimes these agencies redistribute resources among services and geographical areas based on such reports. You can serve as an advocate for needed change by working through these agencies.

State, regional, and local governmental mental-health agencies exist to serve all age groups. These agencies are often responsible for conducting assessments of needs and for determining the extent to which mental health services are meeting the documented needs. Again, providing reports at hearings conducted by these agencies and providing written documentation of observations that you make may be helpful and effect change.

An example of how observations and written documentation of service gaps can help bring about necessary change is evidenced in the history of various kinds of community mental health centers. Numerous individuals have documented that older persons receive very few of the services provided by these centers. As a result, the personnel of mental health centers are becoming more sensitive to service gaps in regard to older persons and are allocating more resources for meeting the needs of that population.

The same process for effecting change applies to programs administered under Title XX of the Social Security Act. Service priorities and geographical distribution of funds within a state often change when evidence warrants such changes. If you wish to produce change and to obtain needed resources, it may be necessary to provide written documentation and to present it at hearings.

Remember that a single effort to influence governmental officials and other community leaders may be insufficient. Repeated efforts with sound documentation may be required.

Skill Building Activities

1. What important services for older persons are absent in your community?

2. How might you help to make these services available?

Part 2 - Helping Older Persons to Establish New Support Networks

You alone cannot meet all of the mental health needs of even a small group of older persons. Even if you have the skills, you do not have the necessary time and energy. Your best asset may be a watchful eye that enables you to recognize needs and locate community resources that meet those needs. In short, you can assist an older person to develop his or her own support system, and you may be an important part of that system.

At first glance developing new support systems may appear to be a rather simple task. In this unit we have identified only some of the most important of the numerous potential sources of support in the community. Resources are still available to be tapped; however, there are major challenges involved. It is highly unlikely that anyone can help another develop a new support system without knowing the individual to be helped. New supports must be added that meet the needs of individual older persons. Encouraging an older person with strong family ties, close friends, and supportive neighbors to increase his or her social life through organized group activities may be inappropriate. What, if anything, does the person feel is missing in his or her life? Only by learning some of the deficiencies felt by the individual can one become an effective helper. For a helper who has a broad knowledge of community resources, the key to effective assistance is learning individual needs. Once you determine the kinds of supports that are needed, the process of referral and follow-through becomes more effective.

Establishing new support systems or reviving former ones may be quite difficult for the isolated older person with no strong family ties and few close friends, or for older persons in long-term care facilities and other institutions. Each of these situations may necessitate special help in identifying and developing potential sources of support.

The most important step in developing a support system involving the isolated older person who is without family and friends is to recognize first that such persons actually exist in your community. Does that seem obvious? As important as it is to recognize the existence of isolated older persons, there is little doubt that many such persons go unnoticed in numerous communities. This is particularly common for residents of single room occupancy (SRO) facilities.

When the existence of isolated and lonely older persons in a community is known, many potentially helpful steps can be taken to develop appropriate support systems. Assessing the immediate needs of these older persons and informing the local area agency on aging of these needs is a valuable form of assistance. This may result in the isolated older person obtaining needed nutritional, health, transportation, and related services.

But the isolated older person also has a need for warm and caring human contact. Telephone reassurance programs and various friendly visitor programs, such as the Senior Companion Program, may provide this needed contact. Perhaps more importantly, telephone reassurance volunteers and friendly visitors may assist isolated older persons in identifying neighbors, student volunteers, church volunteers, and others who may also provide frequent contact and assistance. A major benefit for the isolated older person that may result from contact with the persons mentioned is that such helpers can increase community awareness of his or her needs. Also, helpers who have achieved high levels of interpersonal skills can assist the isolated older person in exploring more extensive and sometimes more permanent sources of contact.

The older person who lives in a long-term care institution may also need special assistance in developing a support system. It may be true that many of the basic physical needs are met through the efforts of staff at these institutions, but important psychological needs are sometimes neglected. The staff members of long-term care facilities may need help in developing support systems for their residents.

A number of steps can be taken to develop support systems for meeting the psychological needs of residents of long-term care facilities. These include the following:

a. As a service provider, you must begin by developing working relationships with the staff of the facility.

b. Attempt to discover the extent to which family members of the residents willingly accept a supportive role. Also, use family members as a major resource for suggestions in developing a support network within the institution.

c. Survey the institution in an attempt to learn who among the residents welcome visitors. Are there some residents who would welcome the opportunity to provide companionship for some of their peers in the institution? Some pairing to meet complementary needs may result from this approach. Volunteer programs in the community may provide regular visitors for older residents seeking more human contact.

d. Do some residents prefer companionship with younger persons? If so, using students to fill this need may be helpful. Keep in mind that throughout the country students at various levels participate in nursing home programs. These students perform a variety of roles including those of companion, entertainer, or "substitute" grandchild.

e. In planning activities within the institution, include many that are social in nature. Create as many opportunities as possible for the residents to get to know one another and devise ways to give residents opportunities to share their strengths, achievements, and hopes. Also encourage them to maintain their independence.

Skill Building Activities

1. What is the key to effective assistance in establishing new support networks?

2. Think of an older person you know, or know of, who has few (or no) sources of support. What could you do to help that person establish a support network?

SUMMARY

Support systems are generally person-to-person and include any other community resources that promote well-being. They help individuals to overcome problems and challenges and to realize their self-worth. Service providers can become a part of the support systems of older persons and can help develop other supports. This unit has focused on the components of support systems that are most related to positive mental health.

No individual service provider can provide all of the help needed by even a single older person. Every community has numerous potential helpers. Mental health practitioners such as psychologists and counselors might provide needed support. Medical and legal professionals are also potentially important sources of support. Various agency personnel, especially those in agencies on aging, may also serve as important components of the support systems for older persons. Perhaps the most overlooked but most significant supports are the family members, neighbors, and friends who not only enrich the personal lives of older individuals, but may also help them obtain needed services.

RESOURCES FOR FURTHER LEARNING

BOOKS

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UNIT IX

APPLYING SKILLS WITH SPECIAL POPULATIONS

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OBJECTIVES

When you have finished this unit successfully, you will be able to:

- identify special features that are important in working with members of the groups described.
- recognize signs that indicate an older person may need additional services.
- identify resources in the community where older persons might be referred for further assistance.
- employ special knowledge and skills in work with certain groups of older people.

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INTRODUCTION AND OVERVIEW

Throughout this book we have stressed the importance of seeing all older people as individuals. Unique values, interests, and lifestyles do not blend into one mass called "senior citizens" when one becomes 65. There are some similar characteristics, however, that are more common among people belonging to a particular subgroup of the older population. Even with the broad range of individual differences, there are greater possibilities of finding certain characteristics in specialized populations.

In this unit we will look at special groups of older persons. The more you know about each group, the more sensitive you can be to their problems and life adjustments. Then you can tailor your actions to be appropriate and acceptable to the people you wish to help.

The special groups we will discuss are: minority elderly, older persons who are substance abusers, the physically impaired, and people who are dying or are in mourning. Other groups that deserve attention are not included because of space limitations. We selected these groups because they represent some of the major groups of people with whom you will be working. For each group of people, you will find some background information, common situations you may encounter in working with members of the group, and tips for helping each group.

You may feel that some problems are outside your job and skills. That is okay. Regardless of your job or level of skill in helping, you can become even more helpful than you are now. This unit will tell you how to recognize problems, know a little about treatment, and know when and where to refer older persons for more help. The focus of this section is on knowledge and skill. You will learn to use and apply these in your work with special kinds of older people.

SECTION A — OLDER MINORITY PERSONS

Part 1 - Background Information

Minority groups share many things. They share common racial or national background, history, culture, and values. Each group has its own view of old age, with its rights and obligations. As you study the minority elderly, you will discover the group attitudes that shape people's behavior in old age.

Today's minority older persons have endured a lifetime of racial discrimination. When contrasted to the "majority" population, they have more unemployment and poverty, more of them live in substandard housing, and they have less education and less access to medical care. Many have endured countless social indignities.

While they have much in common, it is important also to consider their many differences. We must not think that ethnic differences alone explain an individual's behavior. That is, we must not think that poverty, health problems, higher death rates, and so on are the experiences of all members of that group.

In working with minority elderly persons, you have to understand how six or more decades of experiences will affect them. Their experiences will affect their self-concept, their view of society, and their feelings about receiving help from others.To be effective in work with older minority persons, it is necessary to develop helping skills with a cultural point of view. Some of the techniques that work well with the majority population may not work well with minority older persons.

In a text of this size, it is impossible to provide you all the information you would need to work successfully with each minority group. That would be a book in itself. What is presented are the areas that will require your study and understanding so you can adapt your skills to the group with whom you wish to work. The four minority groups that will be discussed are Hispanics, Pacific-Asians, American Indians, and Blacks. Major subgroups, their language, their family patterns, and tips for helping them will be included.

Major subgroups are important for several reasons. Some are actually quite large. Each may have unique cultural experiences and values. Knowing that there are differences within and between groups can help service providers be more understanding and more helpful. Further, you can avoid making errors in relation to the cultural values of those with whom you work.

Differences in language exist for minority populations and their subgroups. Often, a helper who does not know the language will be unable to speak at all with a minority older person.

The helper will have to develop contacts in the community with people who are bilingual. These people can act as interpreters and sponsors with minority older persons. It will help if they also understand the culture and the slang expressions commonly used.

The history of each minority group is different. It is important to know major historical events and their effects for each group. For example, think about the tragic experiences of many Japanese living in the Western United States after the bombing of Pearl Harbor. Their lives were totally disrupted when they were forced to move to relocation centers. Most lost their homes and businesses. It is likely that events such as these have affected the older persons with whom you work. Some of these events also may affect the older individual's ability to trust anyone seen as part of the formal social service system.

The family patterns of older minority persons also vary in each culture. It is important to note that there are very few cross-cultural family studies of older people. Comparisons with the majority or other cultures are difficult to make. Moreover, very few of the studies on ethnic families discuss their socio-economic status. Yet, income does appear to have an important influence on family helping patterns. One fact that seems clearly true in all four ethnic groups is that great value is attached to older family members. It also appears that the family is the first place an older person turns to for help.

The tips for helping that we will provide will help you use the above information to understand better how the members of each group are both alike and different. If you learn about each culture's language, history, family patterns, traditional ways of dealing with stress, and use of social services, your help will be more meaningful.

Remember that this is only a beginning. Additional sources are given to help you with in-depth study. To really develop rapport and good helping skills, you will need to do much of your work in the community.

Part 2 - Older Hispanic Persons

Major Subgroups. The Hispanic population, numbering about 1.1 million persons over 55 in the United States (1979), is really several different cultures. The largest group (61%) is composed of Mexican Americans, followed by Puerto Ricans (14%), Cubans (7%), and those from Central and South America (18%).

Language. Although Hispanics come from many nations, most speak Spanish. About half of all elderly Hispanics speak English, but studies show that 95% of them prefer to speak Spanish. Experts say that to be effective with Hispanic elderly persons it is best to be both bilingual and bicultural. If you do not speak Spanish, have the older persons bring someone with them who can translate. Of course, you may have to find a translator on your own. Try to learn a few words of Spanish. It will be the basis for the improved communication stressed earlier.

History. To best understand the history of Hispanic groups that you are working with, you should study their country of origin and the events leading up to their move. You will also want to know about their acceptance in this country. Today's elderly Mexican Americans, for example, often distrust any government program. This distrust dates back to the 1930s when the U.S. Departments of Immigration and Social Services shared information that forced many people to leave the United States.

Family Patterns. Hispanic families seem to have maintained very close ties between generations. There is a real value placed on life-long mutual aid, including both emotional and material assistance. Even with these strong family values, Hispanic sociologists suggest that the family may be changing. Hispanic families cannot always provide all the physical, emotional, and social support an older person needs. Recent generations of Hispanic persons have gained more education and become more mobile. Many have moved from the areas where their parents still live. Hispanic persons who continue to seek emotional support from their children, however, may not expect or want economic support.

Tips for Helping Hispanic Persons

If you are going to work in the Hispanic community, it is important to know certain things about their culture. When elderly Hispanics are under stress, three reactions are most likely. They might (a) keep their feelings hidden, (b) turn to their natural support systems for help, or (c) go to a doctor. They probably would not use any part of formal social service systems other than health clinics. They would rarely consider mental health services.

So if you find out that someone needs help, how should you approach that person? It usually is best to use existing support systems. The family is certainly the place to start, and other sources of support are churches and formal and informal clubs in the community. In the Hispanic community, there are also people who are brokers. Because of their wisdom and experiences, these brokers form the natural support system in the community. The broker could be a shopkeeper or a hairdresser. Although they are not usually in powerful positions, they can be the key to establishing contacts with individuals and obtaining assistance in the community. Spend some time in an area before you learn who these individuals are. Additional facts that will help you in working with older Hispanic persons follow.

a. A significant difference between Hispanic and Anglo cultures centers on the issue of politeness. Being polite is important when you are working with Hispanic individuals. Older persons especially maintain strong cultural ties. Unless you know a woman is married or has children, always use Senorita to address her.

b. The Spanish language has both a formal and an informal form; always speak to an older person in the formal form.

c. Never enter someone's home until you have been given permission.

d. On your first visit it might be best just to say who you are, where you are from, what you do, and why you are there. Allow the person some time to verify this information before you return for a second visit.

e. Never begin a conversation with a specific issue. Always exchange pleasantries at the beginning of each visit and repeat who you are and for whom you work.

f. You should not ask personal questions until you ask for permission.

g. If you are using a translator to communicate, make sure that all of your conversation is translated. It is very uncomfortable for people to be talked about in a language they do not understand.

h. It is unlikely that an older Hispanic person will express dissatisfaction with you or ask you questions. You will need to invite the individual several times to ask you questions. Ask if anything you are doing is making him or her uncomfortable.

i. It is also difficult for older Hispanic persons to tell you they have any personal problems. Instead they will say that there is a general need for a specific service. If it is a service that you can provide, you must let them know it is available. Tell them it would be a shame if the service were not used and went to waste. It is very important to preserve their dignity when giving them something or helping them use services.

j. You might feel that an older person would be better off with a certain service or program, but approach the idea slowly. Even if it is for his or her "own good," any type of forceful behavior will not be effective.

k. Because sharing is an important cultural value, be receptive to offers of food or drink. Accepting a cup of coffee or a cookie allows the person an opportunity to do something in return for your assistance.

l. It might also be more effective if female helpers work with females and male helpers work with males. This is because the Hispanic culture has strict ideas about behavior with strangers of the opposite sex.

m. Finally, there are rituals for leaving someone's home. Often an older person will want to show you flowers, pictures, and mementos. Take the time to look — you will get to know the person better and you will be behaving correctly in the Hispanic culture.

n. If the older persons with whom you work are of Mexican descent, you must learn if they refer to themselves as Mexicans, Mejicanos, or Chicanos. You can offend them if you select the wrong word. Ask them which they prefer.

Skill Building Activities

1. Think about older Hispanic persons you have known or with whom you have worked.

a. Did you discover any of the tips given above on your own?

b. If so, under what circumstances?

c. Are there other tips you would add to this list?

Part 3 - Older Pacific-Asian Persons

Major Subgroups. The Pacific-Asian community, estimated in 1970 at 275,000 persons over age 55, includes Japanese, Chinese, Filipino, Korean, Vietnamese, Hawaiian, Samoan, and other groups.

Language. Language is a major problem in working with elderly members of the Pacific-Asian community. There are 17 different groups, each with a different language. In some groups, such as the Chinese, there are different dialects that make one Chinese person unable to communicate with another. Bilingual, bicultural helpers are preferred by older Pacific-Asians. If you are not bilingual, it is best to find someone in the community who is, and who also is well known in that community. Most Pacific-Asians are members of a church, social, or fraternal organization. If you approach one of the leaders of these groups, he or she can suggest someone with whom you can work to bridge the communication barrier and to gain acceptance in the community for you.

History. It is important that you find out something about the history for each Pacific-Asian subculture with whom you work. Again, learn about their country of origin and why they came to the U.S. How well have they been accepted here? Some events are quite profound. The family life of Chinese people, for example, was disrupted by the U.S. Exclusion Act of 1924. By this act Chinese women were prevented entry into this country until 1943.

Family Patterns. There are many diverse groups and many diverse family patterns among Pacific-Asian people. There are, however, some similarities in culture, and these are discussed below.

The family is the most important unit among Pacific-Asian people. The individual is less significant than the group and children have great respect for their parents. People frequently talk about reverence, deference, and respect for older people. It is also traditional for the family to take care of the needs of all of its members. There is also a feeling of shame if a family cannot handle its own problems. As economic pressures have increased, however, younger generations have moved away from their families. These younger people seek employment in the broader American community. The ethnic community organizations find it harder to provide all the emotional, social, and economic support required because of this change.

Tips for Helping Pacific-Asian Persons

Although some older Pacific-Asian people have been in the United States for 60 or 70 years, they may not be fluent in English. This is due in part to where they choose to live. In most cities they have lived together in "China Towns" or "Little Tokyos." In the larger Pacific-Asian communities they have actually set up separate social and financial systems. Today, many younger people leave these communities to find better jobs and higher standards of living, and often to become part of the broader American culture. As a result, older minority individuals become more isolated and the informal support network is unable to meet all of their needs.

Because of the cultural values of discipline and forbearence, Asian people generally attempt to deal with stressful situations themselves. They may also turn to their families, family associations, or community organizations. They are reluctant to use a formal social service system because they experienced so much discrimination in the United States through the 1950s.

Unless you are bilingual and bicultural, it will be difficult to help the current generation of older Pacific-Asian persons. You may not be able to help because you are outside the family or cultural support system. Just as the Hispanic community has brokers, the Pacific-Asian community has people who are referred to as gate keepers. These gate keepers are usually leaders in the community, either of the churches or of the fraternal or community organizations. Identifying and working through these people will make it possible for you to provide effective services. Other specific things to remember when working with this group follow.

a. If you are successful in forming a helping relationship with an older Pacific-Asian person, it will be because you have adapted your techniques to their culture. Probably the first thing you need to do is learn to slow down the helping process. Helping a Pacific-Asian individual accept any formal service can be much slower than with other cultures.

b. Never address them by their first names (Japanese especially). Always use their titles (Mr., Mrs., etc.).

c. Being direct is not considered polite, so do not be surprised if the conversation seems a little vague. It may take several meetings before you discover the individual's problems.

d. Frequently you will be dealing with a third party. He or she may tell you that someone has a problem but may be reluctant to tell you who that someone is.

e. Politeness and respect are very important in the Pacific-Asian culture. It is never appropriate to be confrontive.

f. Pacific-Asians have been taught controlled and disciplined behavior. This is often misinterpreted by a non-Pacific-Asian service provider who assumes that reserved behavior means that the individual has no problem.

g. A Pacific-Asian might nod in respect for you as an authority figure, but this does not necessarily mean that he or she is agreeing with you. You have to be very careful to make sure you understand each other.

h. Touching is acceptable in the Anglo culture but is considered a form of extreme intimacy in the Pacific-Asian cultures. Do not touch anyone. Asians do not show their feelings openly, especially in public.

i. Again, in Anglo culture one is supposed to look another in the eye while talking. Otherwise we think that person may be lying. This is not the same in the Pacific-Asian cultures. The mark of a respectful person is that he or she does not look at you directly for a long period of time. So remember to be respectful and limit your direct eye contact.

j. It is important for you to be sensitive to the concept of "shame." A Pacific-Asian person will always be concerned about whether or not a new activity can bring shame to the family. Let them know that you will keep your contacts with them confidential.

k. It is considered better for women to work with women and men to work with men in the Pacific-Asian cultures.

l. It might be best if the age of the helper is close to the age of the older person. If the service provider represents an established agency, however, this will make it easier for the older person to accept help from someone who is younger.

Skill Building Activities

1. Think about older Pacific-Asian persons you know or with whom you have worked.

a. Did you discover any of the tips given above on your own?

b. If so, under what circumstances?

c. Are there other tips you would add to this list?

Part 4 - Older Indian Persons

Major Subgroups. The 1970 Census revealed nearly 89,000 American Indians, 55 years old or over, living on and off reservations in the United States. They represent 278 federally recognized tribes and hundreds of tribes that are recognized by the different states.

Language. There are over 500 Indian languages. Even though many older Indians speak English they have a strong preference for their native language. If you are not a member of the tribe or bilingual, you will have to work with them through an interpreter.

History. If you are working with Indians, you need to know about their tribal history. You will also need to know about the laws and treaties that have affected the tribes with whom you work. You cannot assume that different tribes have the same history. Each is unique in some way.

Family Patterns. As with the preceding groups, older Indians are afforded a great deal of status in their cultures. Those who have remained on the reservation live in tightly knit communities. The extended family is the primary network providing continuous emotional and material support. Children have a strong sense of responsibility to their parents. Urban Indians also maintain close family ties, and in the large urban centers Indians have formed supportive networks.

In the Indian culture the concepts of role and experience are important. For many types of problems it would be more appropriate for older Indians to turn to their friends rather than their children. They might not believe that it is the role of the young, for example, to help them with a spiritual problem. They would see their friends as having more experiences than their children. The fact that the peer group has a shared personal history is also very important. Shared history and experience are binding forces in Indian culture.

Tips for Helping Indians

If you are going to work with older Indian persons you have to understand that each tribe is different. In fact, it is useful to think of them as separate nations. You will need to understand a tribe's culture and gain acceptance before you can really expect to provide any services. Histories of Indian tribes can be found in larger libraries in the Human Relations Area File. Every tribe is listed, and there is a complete index of all the information known about each tribe. Another set of books that you can use, again at larger libraries, is the Handbook of North American Indians (Sturtevant, 1970). Of course, there is only so much that you can learn from books. Your next lesson must take place in the community. Consider these points:

a. If you are not part of the tribe you will probably meet with a great deal of resistance. The historical experiences of American Indians with the Anglo culture make it hard for them to accept new people.

b. If you plan to work on the reservation, you will need to meet the formal and informal service providers. The formal system is easy to recognize; most tribes have a social service department. You might also want to contact the Indian Health Service, since they provide health and mental health services on the reservation.

c. The most important thing for you to do is to locate an intermediary. This is someone who can teach you about the tribe, who speaks their language, and who is respected on the reservation. This will be the person who introduces you to the members of the tribe. Another valuable role of the intermediary is to provide confirmation of who you are and the value of your work on the reservation.

d. If you intend to work with Indians in an urban environment, your obstacles will increase. Again, you will need to locate an internal advocate, someone who already is respected who can help provide acceptance. Probably your best contact point in an urban area is the Urban Indian Center. There are about 40 of these centers located in cities with sizable Indian populations. The leaders in the centers are less visible. You may have to spend some time there observing people's interactions before you will know who to approach. The greatest obstacle you will face is that you will immediately be perceived as an outsider and therefore not accountable to anyone. Gaining acceptance can sometimes take a long time. When you locate an intermediary you will need to convince him or her of your commitment. Intermediaries put their reputation on the line when they endorse you. They will want to be sure, therefore, that you have a strong commitment as a helper.

e. If you are not bilingual, of course, you will need to work through a translator. If you establish a good relationship, you can accomplish a lot even if you have to work through another individual.

f. Trust, acceptance, and communication are all goals that need to be achieved. Your persistence and desire to help will be your primary tools. It is very likely that on your first attempt to make a home visit, no one will let you in the door. If you have any written information, just leave it and return. You may have to make several visits, but eventually someone may open the door. Gaining entry is clearly a good sign. It is still possible, however, for people to need to test your integrity. They may, for example, present a problem and then you must be able to solve it. If you do, word will spread in the community and you will have gained acceptance.

The following are some special additional thoughts on working with older Indian individuals.

g. You need to go slowly in your relationships — they take time to build.

h. In general it is not good to talk too much. It is better to be a good listener.

i. Aggressive behavior is never appropriate.

j. Sharing is a sign of acceptance, so if offered food or drink you should take it.

k. The value of touching and direct eye contact is different in each tribe. Be sure to check these behaviors with your intermediary.

l. Try not to make any assumptions. Instead, you should find out what to do by asking your intermediary. In fact it is imperative in the beginning that you continually check your observations with your intermediary.

m. When you enter someone's home do not look around. This is often interpreted as disapproval.

n. Do not pressure people to participate in activities. There are tribal customs that may prohibit certain behaviors at specific times.

o. In the Anglo culture, if you go on vacation it is acceptable to have another person fill-in for you; in the Indian culture this may be seen as a lack of commitment.

p. If possible, it would be best if the helper is an older person. Experience is considered an important asset, and an older person is considered to be more worldly.

q. The question as to whether or not the helper and the older person need to be matched for sex depends on the specific tribe. It is certainly an issue for you to explore.

Skill Building Activities

1. Think about older Indians you have known or with whom you have worked.
   a. Did you discover any of the tips given above on your own?

   b. If so, under what circumstances?

   c. Are there other tips you would add to this list?

Part 5 - Older Black Persons

Major Subgroups. The 3,872,000 Black elderly persons have at least two subgroups, those who have lived for generations in small towns and the rural south, and those who have lived in urban areas.

Language. Although there is no language barrier when working with Blacks, in rural southern communities there are some words and dialects that might be unfamiliar to you. To improve your ability to communicate, learn local word usage. In large northern cities, knowledge of street language and commonly used slang also may be important.

History. If you are working with Blacks, you will want to know about the African experience prior to 1600, the slavery period in America from 1600-1865 and the contemporary Black experience from 1865 to the present. You might also focus on the changes in life-style and status since the Civil Rights Act of 1964.

Family Patterns. The studies on Black families are more conflicting than for any of the former groups. Some researchers report that since there are so few older Blacks, they are often highly regarded and are well cared for by their families. There are studies stating that the Black family is a source of considerable strength and stability and that adult children of elderly Blacks visit their parents more frequently than do adult children of elderly White persons. On the other hand, some researchers state that emotional support depends on the adult children's ability to provide economic support. For your work with Black elderly individuals, it will be important to explore each individual family's network to determine its ability to provide emotional and economic support.

Tips for Helping Black Persons

The helper will probably face fewer obstacles working with Black elderly persons than with the three former groups. Although there are few language barriers, learning about Black culture is still important. Probably the best way to gain acceptance in the Black community is to work through existing social and religious groups.

As with the other ethnic groups it is invaluable to find a sponsor, someone who is well established in the area, to explain your position in the community. Because elderly Blacks have not had a great deal of success in their dealings with the social service system, it will take longer to develop trust in Black communities than in White communities. Again, word of mouth is the best way to advertise your skills.

Many older Blacks value being self-sufficient. The only services with which they may feel comfortable are those provided by Social Security and public health clinics. Although they may be very poor, they may not view food stamps or welfare as a "right."

The nature and degree of discrimination that older Blacks have experienced will affect their relationship with you. You will need to learn to separate their coping mechanisms from real responses. For example, agreeing is a well developed coping mechanism. Frequently, older Black persons will nod in agreement when you speak to them. They may do this even when they do not believe or understand what you are saying. Often they will respond to a question by saying what they think you want to hear. You will have to make them comfortable, reassure them, and encourage them to ask questions when what you say is unclear.

Some important points to remember when working with older Black individuals:

a. Always refer to an older person by title and not by first name.

b. Terms like "honey," "dear," and "sweetie" are considered disrespectful.

c. Allow the older person to set the pace of your interviews. You do not want to be too demanding. Although it is not good to be confrontive, it is all right to be direct.

d. Sometimes the best way for you to establish your credibility is to solve a concrete problem. Once you have proven your abilities you will be more accepted, and people may confide more serious interpersonal problems.

e. The age of the helper does matter initially. Young helpers can overcome this problem, however, if they handle themselves maturely and the situation effectively.

f. There are differing views on the advisability of matching race and sex. You will have to test this yourself in your specific community.

g. Help people to understand their "right" to the social services that they need.

Skill Building Activities

1. Think about older Blacks you have known or with whom you have worked.

   a. Did you discover any of the tips given above on your own?

   b. If so, under what circumstances?

   c. Are there other tips you would add to this list?

SECTION B — SUBSTANCE ABUSERS

Part 1 - Alcohol Abuse

If you work with a large number of older persons, you can be fairly certain of meeting some who abuse alcohol. It has been estimated that between 2% and 10% of persons aged 60 or above are alcoholics. Approximately 20% of the patients in some nursing homes suffer from alcoholism.

An alcoholic is defined as someone whose dependence on alcohol is such that it interferes with his or her health, interpersonal relationships, social adjustment, and economic functioning (Simon, 1979). It has been suggested that many older persons can have alcohol problems and yet not fit the general definition. With older people it is more important to look at their "drinking" behavior than at the amount of alcohol consumed. Some may actually be drinking very little, but medications they may be taking can combine to have an intoxicating effect. Other elderly alcoholics may be "maintenance drinkers" who react strongly even to small amounts of alcohol. They may drink small amounts throughout the day to stay high and because their bodies cannot tolerate large amounts at one time. There are also some older persons who tend to be "binge drinkers." They may go for long periods of time without drinking and then have a long period of steady drinking.

Older alcoholics have been characterized as falling into two groups. Early onset refers to those who have longstanding histories of alcoholism, and late onset refers to those who began drinking in middle or old age. It is believed that those who start drinking at a later age do so as a way of coping with the many losses they experience during the aging process. These losses were discussed in Unit II. They include loss of employment, status, income, health, family, and friends. Although there is no agreement about the cause of alcoholism, late onset is thought of as an escape from these physical, socioeconomic, and emotional problems.

The most important service you can provide is the early identification of someone with an alcohol problem. You probably will not be able to make an accurate assessment of alcoholism. Many of the behaviors exhibited by alcoholics can also be symptoms of drug interactions, drug abuse, or untreated physical or mental illness. Any of the following symptoms are indications of serious problems that should be evaluated by a physician:

- Some of the clearest symptoms are the odor of alcohol, frequent urination, and slurred speech.
- Many older alcoholics will exhibit anxiety or depression. They may become hostile and argue with neighbors, friends, or family; or describe feelings of worthlessness and have suicidal tendencies.
- Alcoholics often have chronic health problems that do not respond to treatment. Loss of balance and frequent falls are also common.
- Often they are forgetful, confused, and disoriented. There also may be continuous periods of talking, paranoid thought, or sudden mood swings.
- Some also have loss of appetite and shifts in their usual daily patterns.

- Also, because a steady dose of alcohol works as a depressant on the central nervous system, the alcohol abuser may develop unusual sleeping habits.

Tips for Helping Alcoholics

a. The important thing you can do is to try to develop a close, friendly relationship with these people. Over time, caring and support can lead to trust and open communication.

b. Older alcohol abusers often do not see the relationship between their drinking and their problems. Some do not want to face their problems and will deny that they have a problem. It is important that you do not appear to be judgmental with these people. You can just describe what you see and let them know there is help available. Low key persistence is more effective than strong confrontation.

c. Instead of telling people what they are doing is wrong, strengthen their self-respect by pointing out the positive traits that have led to their achievements in life.

d. It would be very helpful if you developed contacts in your community with people who are knowledgeable about the treatment of older alcoholics. This may not be easy because most alcohol treatment programs are not geared toward older people, and most aging programs do not focus on alcoholics. Some possible resources are physicians, psychologists, psychiatrists, social workers, visiting nurses, community health centers, and senior centers. It may be easiest for you to get your clients to visit their own physicians because there is no stigma attached to "medical treatment." Many older persons would be reluctant to seek treatment in an alcohol treatment or mental health center.

e. It is important to remember that in many cases older people respond positively to treatment. Some improve with just added social support. They can remain in their homes and use community treatment services. Some effective interventions include medical treatment, support services, changing the environment to reduce stress, group socialization, and mental health counseling. Often these services are provided by a variety of different agencies.

f. Trying to deal with the complex health and social service system can be very difficult for an older person. So, another important job for the helper may be to coordinate these services so that the older individual receives the needed care.

g. In addition, you might arrange or provide transportation if there is none available.

h. If you cannot find a treatment source, you may want to contact the local chapter of Alcoholics Anonymous of the National Council on Alcohol.

If there is no treatment program for older people, another role for you might be as an advocate with the local community health center, alcohol rehabilitation center, or senior center. There are many arguments about which is the best setting for older persons, but this differs with each community. Whereever the program is established, it is important that it is staffed by persons who are sensitive to the special problems of older persons.

Skill Building Activities

1. Is there a program or agency in your community that provides services to older alcoholics?

   If so, write down the name of the agency and a contact person, address, phone number, and some notes about eligibility for services.

2. Do you work with any older persons who are alcoholics? How do you know they are alcoholics?

3. Are there any tips for working with older alcoholics you would add to those listed?

Part 2 - Drug Abuse

Because older persons are the largest consumers of legal drugs, it is understandable that there is a significant amount of drug misuse or abuse in this age group. Of people 65 years of age or older, 86% have one or more chronic illnesses. The treatment of their ailments frequently requires a variety of strong medications that, when taken together, can cause serious drug interactions.

There are a number of other problems older people experience that contribute to drug misuse.

a. Although it is well-established that the bodies of older persons absorb drugs at a rate different from younger persons, drug dosages are based on tests made on young males.

b. The aged person's system does not respond well to stress and, in a sense, chemicals are an additional strain for the body to handle.

c. Doctors do not always prescribe drugs wisely. They are too ready to prescribe tranquilizers, sedatives, and antidepressants instead of treating the complex physical and emotional problems people experience in old age.

d. There is very little good consumer information available. Frequently, older persons secure multiple prescriptions, taking two or more drugs that have different names but actually are for the same condition. Sometimes they take a number of drugs that are harmful when combined.

e. Reactions to drugs are not regularly checked by doctors and other health care professionals. Therefore, adverse reactions may be left untreated.

f. Failing memory, hearing, and eyesight also are responsible for some drug misuse among older persons.

g. Because many elderly people are poor, some will hoard their medication and only take it when it seems necessary to them.

The points made above explain a lot about the older person who unintentionally misuses drugs, but what about drug abuse — does it exist? Only 1% of the older population are drug abusers. Most young drug abusers (of opiates) either "burn out," "mature out," or die (this percentage may change in the future as the groups who have had a high usage of marijuana and other drugs age). Prescribed drugs that are often abused are anti-anxiety medications, sedatives, pain pills, and over-the-counter drugs such as aspirin, laxatives, and bromides (Schucket, 1977).

What are some of the signs of drug abuse or misuse? As with alcoholics, it is not possible to determine drug misuse without full medical tests. Behaviors that indicate drug problems also may indicate alcohol problems or problems caused by a combination of drugs and alcohol, and physical or mental illness. Confusion, changes in mental abilities, and disorientation may be signs of a bad reaction to any drug. Other signs include falling asleep during the day, memory lapse, agitation, hallucinations, and paranoia. If you happen to be on a home visit or can arrange one, check on the number of prescriptions the person is taking and their dates. If there are a lot of drugs in the home and some have expired dates on the label, that is a sign the person is not taking his or her medications properly. If the person lives with other people, check with them to see if they have noticed any changes in behavior. If there is no family, check with friends who may see the person daily. They may be the most able to observe changes.

If you suspect a drug problem, there are a few things that you can do, with the older person's consent. Call the older person's doctor or pharmacist and let them know all the other drugs he or she is taking and how often. It might be even better to encourage the individual to see a doctor for a check-up and medication review. A visiting nurse also may be able to review the drugs being taken. Gentle persuasion would be your best technique for a person who is reluctant to go to the doctor.

If what the older individual really suffers from is drug abuse, it may be more difficult to obtain treatment. Most drug abuse programs are centered on young persons. Consult with a physician, the local community mental health center, and the drug treatment centers. There are a few drug treatment programs for older people around the country. You might be fortunate enough to have one in your area or nearby. If not, your local center might refer you to someone in private practice who is knowledgeable about drug abuse.

Tips for Helping

For older persons you believe might be having difficulty with medication, the following points may be helpful:

a. Observe their capacity for following instructions and their vision, ability to open containers, and ability to give injections.

b. If they are unable to take full responsibility for their medications, find out if there is someone else in the family or a neighbor who can help. If no one reliable is available, set up assignments with a community agency such as a visiting nurses association.

c. If older persons can be responsible, make sure they are informed about each drug: its use and potential side effects. They also need to learn how to take the drug (with or without food, chewed, swallowed, etc.) and to know its potential side effects. You might be able to get their pharmacist, doctor, or nurse to provide training.

d. They also need to be informed of the problems in stretching medication, increasing the dosage, or taking their medication irregularly. Furthermore, they should be instructed not to borrow or lend medications or save old ones.

e. They also need to be informed about any over-the-counter drugs they are taking. Written instructions are important because it would be difficult at any age to remember all this new information.

f. There are many aids to help people take their medication. If a person cannot read small print, write instructions on the bottle in large print. Even a person who is blind can learn which pills to take by placing different feeling objects on each bottle. So that they can identify two similar bottles, you might place a cotton ball on the top of one container and a rubber band around another.

g. Seven-day-a-week pill containers can be purchased to hold each day's requirement of medication. One word of caution though: some medication cannot be transferred from one container to another. Nitroglycerin is one. If you use this method, check with a professional to make sure transferred drugs do not lose their potency. There are also boxes divided into different times of the day that can be helpful.

h. A calendar can be a useful visual aid. You can write down which drugs should be taken each day. Samples of the pills can be taped on the top as reminders. Each time a pill is taken it should be marked off the calendar.

i. Work with older persons to develop any memory techniques that will work for them.

j. Some so-called "childproof" containers are impossible for anyone to open. If there are no children around, have the pharmacist use the containers that the older person can easily open (Isler, 1977).

k. Finally, you might want to work as an advocate with the local senior center or chapter of the American Medical Association or the American Pharmaceutical Association to set up health fairs for older people. Doctors and pharmacists could each donate a few hours of their time. Older persons can bring all their medications for review.

Skill Building Activities

1. Think about the older persons with whom you work. Do you know of any who might be misusing or abusing drugs?

2. Are there any tips for helping you would add to the list given?

SECTION C — PHYSICALLY IMPAIRED OLDER PERSONS

As mentioned earlier, 86% of all older persons have at least one chronic health condition. When health conditions become serious and affect someone's functioning and energy levels, there is always some emotional stress as well. In this section we will explore some of the problems experienced by older people who have a moderate to severe physical impairment. Although we usually think about older people who developed physical disabilities late in life, there are others who have had physical disabilities for many years. They then experience additional stress as they age.

There is a recognized relationship between physical illness and mental health. The medical community has generally paid little attention, however, to the emotional reactions that accompany physical illness. Mental health professionals also have neglected research, study, and treatment of physically disabled people. This is unfortunate because "physical illness frequently generates both appropriate and distorted emotional reactions, since it represents so much that is inherently frightening to human beings" (Butler & Lewis, 1977, p. 39).

In this section we will look at some common emotional reactions to physical illness. They could apply to elderly persons with any severe illness such as heart disease and cancer, as well as to persons who have hearing loss, speech impairment, and so forth. In the concluding part of this section we will focus on blind and deaf individuals because of the large number of older persons who are blind or deaf, and because of additional problems which occur when one has a communication impairment. Information and techniques will be provided to help you be more effective in your work with sensory impaired clients.

Part 1 - Emotional Responses to Serious Illness and Disability

Serious illness often brings with it fear and anxiety about death. The sudden onset of physical illness or disability can bring about responses similar to those occurring in reaction to dying. There are several stages in adjusting to and accepting severe illness or death. These are denial, anger, bargaining, depression, and acceptance (Kübler-Ross, 1974).

Denial is often an initial but short-lived reaction at the beginning of physical illness or disability. When a person finally believes that the diagnosis is accurate, there is often a strong sense of anger. Most mental health professionals agree that this is an appropriate and therefore normal reaction to the uncontrollable forces that are invading one's life. Feelings of helplessness and vulnerability may arise. Some of these fears are related to thoughts of becoming totally dependent, becoming a burden to one's family, giving up one's home, or being institutionalized. You may also see a conflict between someone's desire for independence and fears and anxiety about their own ability to cope with an illness. Depression also may be expected as a major loss forces itself on an older person.

Some of the depression and anger stem from the fact that people no longer believe they can rely on their own bodies. Loss of part of the body, a body function, or even changes in the body can threaten one's identity, sense of control, and feelings of self-esteem. Some of the reactions that we will discuss in bereavement may appear as one quite normally mourns the loss of a body part or the ability to function. Although infrequent, you may find that some people feel a sense of guilt about their illness or disability. This stems from the belief they are somehow responsible for the illness.

These responses cover the most common emotional reactions expressed at the beginning or worsening of physical illness or disability. How a given individual will respond to his or her condition will be influenced by many factors such as personality, life-style, ability to buy necessary services, general outlook on life, personal support networks, and number of losses of old age they have already experienced. In general, if older persons have had a number of losses preceding their illness, they will not be overwhelmed by the experience. For persons who have been healthy and active, the initial reactions may be feelings of shock, anger, and despair.

Tips for Helping

For persons who seem to be having a difficult time, as measured by the strength of their reaction to a disability, short-term counseling can be very helpful. You might want to consult with a mental health counselor or medical staff person to determine if you can be a part of the treatment plan. Some of the ways in which you might assist, with the physician's consent, follow:

a. Once you establish a close relationship with the older person, provide a comfortable place for him or her to talk freely. Let them talk about their illness and other losses they have experienced.

b. If they are concerned over becoming dependent, help them remember past incidents when they have been in difficult situations, taken risks, and been successful. To be effective you will need to work with the medical and therapeutic team. Understand the medical conditions and limitations of older persons, their capacity to function, and the way they coped with problems before becoming ill. Some people will need to learn to accept their dependency because they will not return to their former level of health. You may be able to help them to do this.

c. If they feel helpless, set up a series of activities in which they can begin to see and feel improvements. Be sincere in your praise of older persons and try to reassure them. When some people become ill, they give up and expect the rest of their lives to slip gradually away. Without imposing your values and goals, you can help these people recognize their capacity for growth despite their illness or disability.

d. For withdrawn and depressed persons you might plan activities that provide them with social and physical interaction with others.

e. People with visible impairments may have a more difficult adjustment problem because they appear "handicapped." Some of their previous social activities and relationships will no longer be available to them. Your acceptance of the person as an individual (and not, for example, as a "cardiac case") will help overcome this additional stress.

f. Sometimes older persons may make a fine adjustment to their health problems, but their families do not. Families can also respond to illness and disability with inappropriate or distorted emotional reactions. They may feel or express denial, depression, anger, helplessness, guilt, or bereavement. Families may also feel overburdened and embarrassed, and have unrealistic expectations about recovery. Furthermore, they may not understand that it takes longer for an older person to improve or recover from most illnesses. Some families respond by "over-caring." They take care of everything, which eliminates the disabled person's initiative and opportunity for growth. You may need to remind families that it is always hard to watch someone you love struggle but that this can be an important part of an older person's recovery. Some families would certainly benefit from short-term mental health counseling to help them recognize and deal with their stress.

g. A physical illness or disability may affect an older person's sexual functioning or feelings about sexuality. This is usually a very difficult issue for them to handle or discuss. You can let them know that this is not uncommon and that professional counselors are trained and available to work with them on this problem.

h. If a person will be living alone, or if the family is unfamiliar with the social service network, you may help them locate services such as economic aid, housing, home health, day care, visiting nurses, and so forth. You might visit their houses or apartments to determine whether or not changes or additions are needed to make them barrier free.

i. For the person who is alone, it might be helpful to set up either friendly visiting or telephone reassurance services. Just the sound of someone's voice can be important to a person who is alone.

j. You might also help the older person develop a meaningful use of time through either vocational counseling or participation in social or recreational, voluntary activities.

Skill Building Activities

1. In your experience, how many older persons have health problems?

2. What are some of the reactions to physical illness you have observed in yourself?

3. What are some of the reactions to physical illness you have observed in the older persons with whom you work?

4. Are there some tips for helping that you would add to the list given, based on your own experience?

Part 2 - Blindness

The legal definition of blindness is used to establish eligibility for public assistance and tax exemption. It is visual acuity for distant vision of 20/200 or less in the better eye with the best correction, or visual acuity of more than 20/200, if the widest diameter of one's field of vision is an angle of no more than 20 degrees. This means that the legally blind individual can see no more at a distance of 20 feet than a person with normal vision can see at a distance of 200 feet. Functional blindness is generally defined as the inability to read a newspaper even with the best corrective lenses, or to perform ordinary tasks necessary to daily living (American Foundation for the Blind, 1977). There are also people who have fluctuating vision. This can sometimes be more difficult to adjust to than functional or legal blindness.

There are no exact figures on the number of blind persons in the United States. The 1970 National Health Interview Survey recorded 1.3 million people who were functionally blind. Of these, 914,000 were older persons. Older persons considered legally blind numbered 235,000, and 84,000 had no useful vision.

Causes of blindness. Almost half of all the people who are legally blind are 65 years of age or older. There are 4 leading causes of blindness in older persons: glaucoma, macula diseases, diabetes, and senile cataract. The American Foundation for the Blind (1977) has provided descriptions of each of the four conditions. Refer to these and to eye doctors when helping older blind persons.

> Glaucoma. Glaucoma is a condition in which the pressure of the fluid inside the eye is too high. Symptoms may include headaches on one side of the head, blurred vision, and seeing rainbow-like halos around light bulbs. In cases of acute glaucoma, pain is severe and it is of utmost importance that the person be treated by a physician immediately so that his/her sight may be saved. However, the onset of glaucoma may go unnoticed since the condition is usually painless and the loss of vision gradual. The vision loss is peripheral, that which affects the edges of the visual field. Realization of such loss may be slow because when looking directly at an object, it is primarily the central part of the vision that is used. If glaucoma is diagnosed early and treatment followed, progress of the disease can be slowed. Glaucoma is a major cause of blindness among adults over age 35, increasing significantly with increasing age.
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> Macula Diseases. The macula is a small but very important area of the retina which is responsible for central vision. It is the area of sharpest and clearest vision. However, this area is vulnerable in the aging person. Diseases that affect the macula, which include diabetes mellitus, severe hypertension, and nephritis, some parasitic diseases and central nervous system conditions, are major causes of loss of vision in aging persons.
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> Diabetes. Blindness from diabetes, one of the diseases which can affect the macular area of the retina, is principally the result of retinopathy (disease of the retina). The tiny blood vessels in the retina may break and cause little hemorrhages on or in the retina. Retinopathy may occur in one eye or both, although usually vision is about the same in both eyes. The primary causes of the condition are unknown aside from the diabetes, although the longer a person has had the disease, the greater the likelihood of retinopathy. However, the severity of the diabetes and the amount of insulin required to control the diabetes have been ruled out as causes. Retinopathy does not occur in all diabetic cases. None of the elements in the condition is peculiar to diabetes, and the same abnormalities occur in other diseases as well, though not to the same extent.
>
> Senile Cataract. A cataract is a change of the lens of the eye from a clear, transparent structure to an opaque one. Cataracts can be corrected by surgical removal of the opaque lens and the wearing of special eyeglasses. In 95 percent of all cases surgery is safe and suc-

cessful, but many times that necessary operation is never performed either because the case is not detected or reported or because the person is afraid to have the operation. Surgery has been performed successfully on persons well past 90 years of age. You can see a white, cloudy ball in the eye of a person who has a well-formed cataract. If you notice this condition in a person with whom you are working, you should encourage them to visit an opthalmologist, not an optometrist, for an examination.

Emotional Reactions. Emotional responses and adjustments to functional or legal blindness will be similar to those described for persons experiencing moderate to severe physical impairments. There are, however, additional adjustments needed because of special limitations caused by blindness. Recently blinded persons will not have "orientation" skills. That is, they will not know how to use their remaining senses to establish their relationship to the objects around them. They will lose their "mobility" skills; their ability to get from where they are to where they want to go. They may experience increased isolation as they are forced to give up driving. Depending on where the individual lives, he or she may have very limited or no access to public transportation. The recently blinded person will have to learn entirely new skills for daily living activities, such as walking, dressing, shaving, putting on make-up and eating. There is also a reduction in communication skills because he or she can no longer read or write as before. Finally, the newly blinded person will have to come to terms with some degree of dependency.

Resources For Blind Persons. There are a number of programs especially designed to help blind people. There are rehabilitation centers that offer medical care, orientation and mobility training, personal management, mental health counseling, recreation, and physical therapy. There are also rehabilitation specialists who teach skills that will help the older blind person to be as independent as possible. They can teach communication skills and techniques of daily living, which include both personal and home management. They also teach orientation, mobility, and cane travel if needed. Their services are available both in centers and as in-home services.

There are social service programs and recreational and occupational programs designed for blind individuals. There are also low vision clinics that can provide a very specialized visual examination. Low vision aids may be purchased that are especially useful to the legally or functionally blind older person. Many programs are available in large and even smaller cities. They may be run through state, county, or city governments and also by private and voluntary agencies.

How can you locate services for blind persons in your community? Here are several ways:

1. Consult your local Health and Welfare Council or the United Way Fund. These can be found in your telephone directory.

2. The American Foundation for the Blind has two publications that contain information about agencies for the blind:

   a. Directory of Agencies Serving the Visually Handicapped in the United States. This book, which is completely revised and updated every 2 years, contains state-by-state listings of the more than 400 federal, state, and local agencies providing services for blind persons.

   b. Where to Find Help for the Blind. This free flyer lists names, addresses, and telephone numbers of all state and territorial agencies that provide help to blind persons.

   In addition, the American Foundation for the Blind, upon request, will refer you to an agency in your area that offers the services you need. You can write to them at 15 West 16th Street, New York, NY 10011.

3. A Directory of Low Vision Aids Facilities in the United States. Published by the National Society for the Prevention of Blindness, Inc., this directory is available from NSPB (79 Madison Avenue, New York, NY 10016) or from the American Foundation for the Blind.

4. The American Foundation for the Blind has an excellent guide, An Introduction to Working with the Aging Person Who is Visually Handicapped.

Tips for Helping

If you are going to work with a large number of older blind persons, you might want to learn some mobility skills. These include the sighted guide technique and how to negotiate steps, passageways, and doorways and get through a crowded room. Suggestions to improve your own skills in working with blind persons follow (Lighthouse for the Blind, n.d.):

a. Remember that not all "blind people" are totally blind. Some have a limited amount of usable vision; others have vision that varies considerably from time to time.

b. Do not confuse a lack of vision with an inability to communicate.

c. Speak naturally.

d. Do not give directions from a distance.

e. If you normally use gestures, continue to express yourself in this way.

f. Do not alter your vocabulary in deference to blind persons.

g. You may use the word "see"; seeing is a verbal image that communicates itself as effectively to blind as to sighted individuals.

h. The words "blind" or "blindness" are parts of speech, as appropriately used with blind as with sighted people.

i. Do not raise your voice or alter your normal tone.

j. When others are present in a group, address blind persons by name or lightly touch them on the arm.

k. When you enter the presence of a blind person, speak promptly and identify any other persons present. When you leave the room, say that you are leaving; often the person is not aware of your departure and will go on talking.

l. Speak freely of your surroundings. This helps a blind person identify sounds with objects and become familiar with surroundings. Include mention of their seating arrangement in relation to others so that they can direct conversations to specific individuals.

m. Blind people memorize the position of chairs, tables, ashtrays and other familiar room furnishings. Never change the arrangement of a familiar room without an explanation of the new arrangement.

n. If you hand blind persons anything, such as juice or a cup of coffee, speak before you place it in their hands. This will help them avoid fumbling and spilling. Describe the position of food on a plate as though the plate were a clock, and describe the position of the various items in relation to 3, 6, 9, and 12 o'clock.

o. When walking with blind persons, offer your arm rather than taking theirs. Guide them simply and directly to their destination. You should stop before you go up or down stairs, curbs, and so forth. Prepare them for any change; describe it to them. In guiding them to seats, place their hands on the back of the chair, and they will use this as a guide in seating themselves. In general, let them know their position in relation to objects through their sense of touch. Usually they are capable of doing the rest.

p. Blind people like to know about the beauty that surrounds them. They enjoy hearing detailed descriptions of flowers, colors, and people's clothes, or your appreciative comments about their appearance.

q. Always introduce yourself when calling on the telephone or entering a room. Let the person know who you are and why you are calling, or why you are in the room, or the reason for your visit. Otherwise the person may be frightened, thinking some unknown person is present.

r. Never make a home visit without first having made an appointment. It is important that blind persons know who to expect coming to their home.

s. Always ask visually impaired or blind persons how much help they need. They are individuals, and some need more help than others. Encourage independence when appropriate and possible. Be aware that newly blind persons may be quite frightened, while persons who have been blind for some time may be quite independent.

Skill Building Activities

1. Have you worked with older persons who were visually impaired or blind? What kinds of help did you provide?

2. What services are available in your community to help older blind persons?

Part 3 - Hearing Loss

People's hearing begins to diminish at about the age of 20. But clearly those with the most significant hearing losses are over 60 years of age. It has been estimated that about 30% of all older people experience serious hearing loss and that men experience it more commonly than women.

Hearing problems can be caused by disorders of the outer, middle, or inner ear or the auditory nerve and the brain. The most common condition in older persons is called presbycusis. This may be the simple loss of hearing sensitivity caused by chemical and mechanical changes in the inner ear and the degeneration of inner ear structures. It may be more complex and affect the nerve pathways that lead to the brain.

Emotional Reactions. Besides the problems discussed earlier, severely hearing impaired and deaf persons experience other problems. Some believe that hearing loss is more serious than loss of vision. In a study that was done on older persons with moderate visual impairments, for example, there was no connection with emotional problems. Older persons with a comparable hearing loss, however, had significant emotional reactions. Hearing loss is potentially the most difficult of the sensory impairments. It has been shown to lead to suspicion and paranoia because the person loses clarity and understanding. It can be very disturbing to see that people are talking but not know what they are saying. Clinical observation has also established a relationship between hearing loss and depression.

Deafness has a profound effect on social communication and interpersonal relationships. Deaf people often feel left out and can be especially uncomfortable in groups. They often become tired from straining to hear. Frustration frequently leads to a withdrawal from social activities and greater isolation.

The person who is not deaf but has a hearing impairment may also find it difficult to communicate with other persons. Most people are aware of hearing impairments that lead to a reduction in the loudness of sound, but there are other kinds of hearing impairments that cause a distortion in sound. In those cases the person is able to hear but not understand sounds. For example, a person may hear the first and last syllable of a word but not those in the middle. Words with similar sounds such as hand and sand may be confused by persons with hearing distortions. Speaking louder will not help and may even hurt an older person's ears. It may also take older persons longer to react to sound. Auditory memory span may be reduced so that it becomes difficult to remember all that someone has said.

Some older persons do not wear hearing aids even though they are hearing impaired. Thus, they become frustrated because they cannot hear, and their companions become angry because they cannot be understood.

Services and Treatment. Even though presbycusis causes permanent hearing impairments, there are other conditions that can be treated. An otolaryngologist, a physician who specializes in disorders of the ear and related structures, should be consulted. The doctor may also suggest that the patient visit an audiologist for further testing and, if needed, be fitted for a hearing aid. It is important that the older person understand that a hearing aid can only make sound louder, not clearer. Therefore, many older people cannot benefit from its use. An older person may want to learn speech-reading, which is the ability to receive cues from lip movement, facial expression, body posture, gestures, and the environment.

Tips for Helping

You can be very helpful in assisting hearing impaired persons improve their communication skills. Improved communication can lead to improved interpersonal relationships, greater independence, and reduced isolation.

The American Speech-Language-Hearing Association developed 20 strategies that can help hearing impaired persons communicate more effectively (Sayles, n.d.). You may want to learn this information and share it with the older persons with whom you work, their families, and friends.

a. Speak slightly louder than normal. Remember that shouting will not make your message any clearer, however, and may sometimes distort it.

b. Speak at your normal rate.

c. Avoid chewing, eating, or covering your mouth with your hands when speaking to a hearing impaired older person.

d. The best distance when speaking to elderly hearing impaired persons is from 3 to 6 feet (0.9m to 1.8m).

e. Facial expressions, gestures, lip and body movements all give cues to the hearing impaired person. Therefore, good lighting on the face of the speaker is important.

f. Wait until you are visible to the older person before speaking.

g. Communication with hearing impaired elderly persons is much more difficult when there are other noises.

h. Never speak directly into the person's ear. This may distort your message and hide all visual cues further.

i. If the hearing impaired older person does not appear to understand what is being said, rephrase the statement in short, simple sentences.

j. Whenever possible, give the hearing impaired older person a clue to the topic of the conversation.

k. Some consonants are louder or more visible than others. For example, *p* is easier to see on the lips than *k*. Therefore, some words or parts of conversations may be more easily heard or understood than others.

l. Do not exaggerate sounds when speaking. This distorts the message and makes the use of visual cues from your face difficult to understand.

m. Arrange the environment so that the speaker's face and body can be seen easily.

n. Hearing impaired individuals take longer to respond; give them time.

o. Encourage the hearing impaired older person to participate in group activities.

p. Because presbycusis generally affects the higher frequencies, the older hearing impaired person may have difficulty understanding the high-pitched voices of women and children.

q. If you know that someone has a hearing aid and is not using it, encourage that person to wear it.

r. If the hearing aid is not working, you should refer the person to an audiologist.

s. Encourage routine evaluations by an audiologist.

t. Encourage family members to attend audiologic rehabilitation classes for the new hearing-aid user.

Skill Building Activities

1. What services for hearing impaired persons are available in your community?

2. Define the following terms:

   otolaryngologist -

   audiologist -

3. Write down the names and addresses of otolaryngologists and audiologists in your community who work with older people.

SECTION D — DEATH AND BEREAVEMENT

As someone working with older persons, you must prepare yourself to help people who are dying or mourning the death of someone dear. Those people who develop good helping skills can give a great deal to people as they approach one of life's most difficult tasks — coming to terms with death. For this discussion, we will separate dying from bereavement and look at each in turn.

In each case, you should begin by understanding your own attitudes and fears about death. You cannot expect to help others until you have resolved your own feelings about dying and death. If you are uncomfortable talking openly with a dying or bereaved person, you can still provide them support, friendship, and a referral to a professional counselor.

Part 1 - Death and Dying

It is important to understand that older persons, in general, are not extremely fearful of death. They, in fact, express fewer fears of death than do younger people. Many have come to see it as a part of the entire life cycle. For others, it may be a release from pain or loneliness, but older people consistently express a strong fear of dying alone. In recent surveys of dying patients, their greatest expressed needs were for companionship, a sense of security, and control of their physical symptoms. In other studies older people have expressed fears of rejection, isolation, humiliation, and loneliness.

When we couple this fear of dying alone with the fact that 70% of all deaths occur in institutions among strangers, we can again see the importance of helping skills for service providers. Once it is clear that a patient is terminally ill, medical and nursing staff tend to reduce their efforts and contacts with the person. On the whole, the medical profession focuses on illnesses that can be treated and cured. Terminal patients represent their failures. Many patients therefore experience a kind of "social death" before any cessation of heartbeat or brain waves. It is unlikely in the hospital atmosphere that older persons will find anyone to talk to about their needs as they approach death.

Working with the physician, other medical staff, the patient, and family, the service provider might be able to help in the decision as to where the person will get the best care. This may be in an institution or at home. Important factors to consider are the need for medical care, the capacity of the family and home health care agencies to provide adequate care, and the desires of patient and family. Families often can provide better care than hospitals or nursing homes. The surroundings and food are better, and the patient is often the center of activity. The family is also provided an opportunity to make a final contribution that may help their own recovery after their loved one's death.

Family members can be taught to care for an older person, to lift and turn and carry. They can learn how to avoid bed sores. You can tell them about the services that are available in their community. If many support services are necessary, you may help to make sure that one person performs the role of the service coordinator.

If home care is not possible or desirable, you can help the family accept this without guilt. You can help them select a good nursing home or hospital. Look for one that has smaller specialized wards and offers individualized treatment (Grollman, 1980). Encourage them to bring personal items from home so that there is a greater feeling of familiarity and personalization.

Another alternative that the family might consider, if available, is hospice care. The priorities of hospice care are away from restorative medical care toward providing emotional care. Hospices use sophisticated management techniques for severe pain and other unpleasant symptoms so that patients are conscious but comfortable. Their days can, therefore, be spent in useful and meaningful ways. Counseling is available both to patients and families so that they can have support during the difficult time. It is important to seek older people's advice with all decisions or activities that will affect them so that they know that their judgment is still important (Grollman, 1980).

One question that comes up frequently is whether the patient should be told if the diagnosis is terminal. Dying people should be treated in an open and honest manner so that they can use their remaining time in meaningful ways. The decision to tell a patient, however, should be made by the physician, family, and clergy. There are definitely some persons who do not want to know. It is never the role of the service provider to be the person to tell dying persons about their condition.

If the person needs reassurance that he or she is recovering, then the service provider must provide it. The patient will usually indicate a preference. Your responsibility is to listen carefully (Lamerton, 1976). If you are asked probing questions, encourage the person to ask those same questions of the medical doctor. It is important to remember that there are a lot of ways for a patient to learn about his or her prognosis. Medical charts are read by many, nurses and doctors can be overheard, the treatment itself can be an indication, and the faces of loved ones may mirror the illness.

Dr. Elizabeth Kübler-Ross is probably the most renowned physician who has written extensively about death and dying. She believes that when informed of their illness, dying people go through five emotional stages: denial, anger, bargaining, depression, and finally acceptance. It is important to realize that not everyone does or should progress through these steps to the acceptance of death. Some steps may be missed. Some reactions occur simultaneously, disappear, reappear, or occur in a different order.

Tips for Helping

a. Do not become alarmed by the person who denies the seriousness of his or her illness. Often people deny things that are emotionally too stressful for them.

b. Anger is also a reasonable response, and most people are far better off if they are able to express it. Although it may be difficult, you need to take time to listen to the person's angry feelings, be respectful of those feelings, and not let yourself be pushed away (Cassem, 1974).

c. It probably is not necessary to mention that it is very normal to be depressed.

d. When people are sad or crying, listen and try to empathize.

e. It is important not to let someone in this state remain alone.

f. Probably the most important concept for the helper to understand is that each person will find his or her own "best way" to die. There is no proper way and there are as many roads as there are individuals who travel them. Dr. Butler said, in discussing death, "I do not intend to imply that a 'serene and dignified acceptance of death' is necessarily appropriate, noble or to be valued. Those who die screaming may be expressing a rage that is as fitting as dignity" (Butler, 1968).

g. When you are with a dying person do not worry about directing the conversation. Give the individual the opportunity to share thoughts with you. Listen for fear and pain and be willing to discuss those things. Probably the most important traits of a helping person are the abilities to listen, to show interest in the person, and to be compassionate. There are frequently times when you may feel helpless when faced with the difficulties expressed by a dying person. Remember that it is your presence that counts, not your activity (Cassem, 1974, updated).

h. Many experts believe that one's sense of hearing is the last sense to be lost. So, do not speak carelessly in front of a dying person because they may still be able to hear you. Let them know your presence with your voice and your touch. Touching is a very important way of expressing your concern and caring, and it can be more clear than our fuzzy language.

i. Forget any idea that what you really need to do is to cheer a terminally ill person. What is needed is someone who will listen, who can be trusted, and who is serious. Of course, laughter is still considered "good medicine," but it must come at an appropriate time for the person.

j. It is helpful to know what a dying person was like before becoming ill, for this will give you insight into his or her true personality. Remember that everyone needs to continue to feel useful and to maintain his or her feelings of self-worth. As much as you can, provide the older person with opportunities to contribute. You do not want to overprotect the person, and as much as possible allow him or her to be independent.

k. Do not be surprised by abrupt changes of mood. It may be helpful, if the person is depressed, to help him or her think about past achievements.

l. When caring for someone, always take an interest in what you are doing. When you are hurried or distracted, it shows. Even if the person cannot respond, explain what you are doing and why you are doing it.

m. Provide an opportunity for an older person to let you know if anything you are doing is bothersome. There may be times when someone will reject you, the medical staff, and even his or her family. This is usually a temporary phase. Remember, above all people need company.

n. The family of a dying person needs care, too. Sometimes they even need to be reminded to eat or to rest. Frequently an elderly spouse has provided 24-hour care prior to the spouse's death. His or her entire life has revolved around the sick person. One study has shown that an extended "death watch" of over 6 months will create greater psychological and physical stress on the spouse than death of a mate that occurs suddenly or after a short-term illness (Gerber, Rusalem, Hannon, Battin, & Arkin, 1975).

o. A person can become worn out by endless pain. Referral to a mental health counselor might be very useful in helping the patient find some personal meaning that will make the situation more bearable.

p. Finally, it is important to remember that the hope of recovery should never be completely extinguished. No matter what the prognosis may be, hope is known to have great curative powers and has never been shown to cause harmful side effects.

Skill Building Activities

1. Look back over the list of tips for helping. Based on your experience, are there any tips you would add to this list?

2. What are the five stages of acceptance of death discussed by Dr. Kübler-Ross?

Part 2 - Bereavement

The death of someone we love, especially a husband or wife, is one of life's most stressful experiences. At no time since infancy does a person need so much support. Grief may begin before the death of the loved one, starting when one learns that the person will not recover. If a helper begins working with the family prior to death, an important contribution can be made.

Even when death is anticipated, it is still a shock. The six- to eight-week period following a death is usually a period of intense grief. This is the time when your support is vital. Some of the symptoms of grieving are: sadness, difficulty in sleeping, crying, loss of appetite and weight, loss of interest in external events, and difficulty in concentration. Other symptoms are feeling helpless, restless, guilty, exhausted, and detached. Although not all of these symptoms will occur, those that do will vary in intensity depending on the individual, culture, and so forth.

Often a bereaved person goes through stages similar to the dying patient—denial, anger, bargaining, depression, and acceptance. Experts disagree concerning the length of time that grief lasts. Most say one year, after which time a person gets back to a productive living pattern. In addition, mourning reactions vary among individuals. The quality of the relationship, the suddenness of the death, religion, and culture are all important factors. A person may even feel relief if the dying person was in severe or prolonged pain. Also, you must recognize that some relationships are not good and never were.

Some people have an abnormal grief reaction. This may be characterized by physical and psychological symptoms that persist for an unreasonable amount of time. It often is hard to distinguish between a healthy and an unhealthy reaction in the early stages. An abnormal reaction is usually typified by extremes, either an inability to react at all or a "falling to pieces." Other indications are inappropriate elation or depression, taking on the same physical symptoms as the deceased, hallucinations, delusions, suicidal thoughts, excessive anger, unreasonable withdrawal, intense suspicion, self-punishment, feeling unworthy, and repression. All of these symptoms require professional assistance (Lindemann, 1944).

Assuming that you are dealing with normal grief, there are some important roles for the service provider. Because we live in a death-denying culture that puts a premium on getting through the mourning process quickly, many people need to open up the grieving process and adjust to the loss of a loved one. Experience has taught us that expression of grief through tears and talking are much healthier than suppression (Blank, 1974). You can be instrumental by explaining this to bereaved persons and helping them through the process. You may have to work even harder with a widower because many men are not comfortable discussing their feelings.

Often family and friends spend a lot of time with a bereaved person during the first two weeks after the death, then most people go back to their normal living patterns and the mourner is left alone. Evenings and weekends can be especially difficult and are important times for you to call. Loneliness is one of the greatest problems experienced by recently widowed persons (Loewinsohn, 1979).

Kastenbaum (1974) suggests that the experience of multiple bereavement and multiple losses cannot help but have a cumulative effect on older persons. One death or loss may follow so closely after another that there is never time to finish with grief work. Older persons also have fewer opportunities to develop new relationships that can replace life long friendships and relationships. Some of the negative behavior patterns that are associated with old age may really be the result of excessive bereavement.

Tips for Helping

Although the principal task of the helper may be to provide emotional support, an additional role may be to assist bereaved individuals with the practical tasks that need to be done. It is unfortunate that at a time when one is so emotionally distraught, some very important decisions may be required. Your assistance at this time can be essential. The most immediate task is, of course, the arrangement for the funeral. After the funeral, you might help with the job of searching for important papers: bank books, stock certificates, automobile titles, taxes, insurance, and so forth. You might help to see if the bereaved person is eligible for social security, veterans benefits, and mortgage credit. Further, it can be important to determine income and assets to see if the person can live on his or her new income. If these are very complicated, advise the older person to seek professional help from a lawyer, accountant, or business manager (Loewinsohn, 1979).

Ruth Loewinsohn offers some special advice in her Survival Handbook for Widows. Although not addressed specifically to the service provider, her thoughts are very useful. People have difficulty dealing with the grief reactions of others, especially those close to them. The grieving person should expect many interactions to be strained. If possible, the grieving person might suggest that they do the following:

a. Call often. Tell them that you need their calls more after the first couple of months. Tell them not to expect you to call them, since your energy level may be too low for you to make the effort even though you may need to talk.

b. Offer a specific date to do something with you. Ask them to try to think of your "down" time — evenings and weekends particularly.

c. Feel free to talk with you about your husband or wife. Do not avoid his or her name. It helps you to accept loss if you can share memories of your husband or wife with friends or relatives.

d. Realize that although you may seem to be "doing so well," you have a lot of grief to work through.

e. Avoid pitying you. Tell them to imagine being pitied. Ask them to put themselves in the position, for a moment, of having others view them as incomplete. Ask them to care about you but not to pity you.

f. Treat you as a human being, as a real person, not like a china doll or someone without brains.

g. Express their caring. If they feel like crying when talking with you, it is okay to do so. Let them know that crying together is better than avoiding the pain.

h. Say nothing rather than offering naive cliches. They should know that a hug or a squeeze of your hand means more than a hundred ill-chosen words. Tell your friends this.

i. Bring food or invite you to dinner. As one woman said, "I have to eat, but it's so hard to cook."

j. Go for walks with you. Walking is good for depression and will allow you to "walk off" feelings.

Although less immediate, a final role for the service provider is to help the widow or widower reorganize his or her personal life as a single person. There are many reasons that we can speculate on for the kind of social abandonment the surviving husband or wife seems to suffer. We live in a coupled society. The single person may be seen as a sexual threat or as a reminder that anyone may lose a spouse. For whatever reasons, the old social network may no longer be available as a primary source of friendship. The service provider's support during this difficult period is invaluable.

One excellent avenue to new insights and friendships comes from the widow-to-widow groups that are forming all over the country. These groups provide the widow or widower with the chance to work through the emotional and practical problems associated with recent bereavement. The NRTA/AARP has developed "Widowed Persons Service," a volunteer program that trains widows to reach out to those who are recently widowed in one-to-one contacts. Programs may also include group discussions, education, or information on local services.

Skill Building Activities

1. Are there any widow-to-widow or other support groups for older persons in your area? If so, write down the names and addresses of contact persons for them.

2. Look back over the list of tips for helping. Based on your experience, what would you add to this list?

SUMMARY

This unit provided information about and tips for helping special groups of people who form part of the older population. The overall goal has been to present descriptive material to heighten your sensitivity so that you can identify problems early and take action before minor difficulties become major problems. As your experience builds, so will your confidence and skills.

If you are going to work with minority older persons it is important to be aware of language barriers, family patterns, and the effects of historical events on their lives. It is also important to know how to gain access in their communities and how to gain their confidence. It is also useful to know how they traditionally deal with problems, and how they feel about the formal social service system. The more information you have about someone's culture, the better you will be able to assist.

If you work with a large number of older persons you are bound to come into contact with people who abuse or misuse drugs or alcohol. This unit provided information about the kinds of behavior that indicate a problem of this sort so that you can take action quickly.

Although there is a recognized relationship between physical illness and mental health, very little attention has been given to the emotional reactions that often accompany serious physical illness. These reactions were discussed in this unit. Your understanding of this behavior can help you work with older people who are ill and help them cope with the emotional stress commonly associated with illness. People who have sensory impairments may not be ill but often experience a great number of problems in communication. These are stressful as well.

The section on death stresses the right for individuals to die as they choose. We do not want to impose any pressure on dying persons to adopt some "positive attitude" if that is not the way they actually feel. Most dying people do not want to die alone. If you develop good helping skills, you can give a great deal to persons as they approach one of life's most difficult tasks.

RESOURCES FOR FURTHER LEARNING

NOTE: These resources are suggested by the editor for this manual. Some or all may be useful for service providers in a variety of settings.

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UNIT X

SPECIAL TIPS FOR SPECIFIC WORKERS

Leslie K. Burke

Jimmy R. Walker

Leslie K. Burke received her BA in psychology from the University of Texas, El Paso, in 1972 and an MA in educational psychology and guidance in 1974. She attended the University of Southern California for one year and two summer institutes at the Ethel Percy Andrus Gerontology Center. Presently she is a doctoral student at New Mexico State University studying educational management and development with a specialization in aging.

Her work experiences include serving as a counselor in private agencies and as a trainer for Project Full Life, a peer facilitator training program for older persons. She has been director of three different senior centers for the Parks and Recreation Department in El Paso, Texas and is a consultant to the Mayor's Office on Aging for the City of El Paso. Her interests include long-range planning services in aging and policy research on aging.

Jimmy Walker received an EdD in counseling and higher education from Oklahoma State University in 1967. He presently holds the position of Associate Professor of Educational Psychology and Guidance at the University of Texas at El Paso. He has consulted with a variety of agencies primarily in the areas of training group leaders, peer counseling, and stress management. The agencies include public and private schools, a federal prison, mental health and mental retardation services, CETA, probation departments, and the El Paso Council on Aging.

In addition, his professional interests include faculty development and instructional improvement, and group work with older persons. For the past four years he has served as trainer for "Project Full Life," a program in which persons 55 years and older are trained as discussion group leaders.

OBJECTIVES

When you have finished this unit successfully, you will be able to:

- recognize a variety of situations where communication skills can be applied.
- identify 10 or more ways to deal with stressful situations.
- demonstrate ways to allow others, individually and in groups, to take more responsibility for their behavior.
- demonstrate nondefensive ways of responding to complaints and criticisms.
- recognize that saying "no" can be done with kindness and respect.
- understand a number of ways to focus on positive rather than negative potentials.
- demonstrate the basic communication skills: listening, responding to feelings, and communicating respect.

INTRODUCTION AND OVERVIEW

This unit is written for people who spend all or part of their time on the job working with older people. If you hold one of the positions described on the following pages, or a similar position, you probably have many opportunities to help older people, to offer them support or encouragement, or just to brighten their day. The purpose of this unit is to focus on some ways you can be even more helpful. Even though you may consider what you do "just a job," your contacts with older people are very important.

The situations described in this unit are examples of those that many service providers encounter in their work with older people. They are meant only to suggest the kinds of problems and chances to help that you may face as you work. Not every possible kind of problem is discussed. Each section of the material is aimed at a particular position or job, but you may want to read all the sections, because each focuses on a different kind of problem. Also, workers in many different positions encounter older persons with similar problems.

For each position, a brief case description is given, followed by some questions and a short discussion. Some suggestions for better helping are also included, along with some exercises aimed at allowing you to practice and expand your skills as a helper. A summary of the special tips discussed throughout the unit is included at the conclusion of the unit. These are ideas that may be used by most workers.

SECTION A – PROVIDERS OF COMMUNITY SERVICES TO OLDER PERSONS

If you hold one of the positions described in this section, you usually see and work with older people who are able to leave their own homes to come to a program or service offered by your agency or organization. You are much more likely to work with older people in groups than are the workers in most of the other sections. You are more "in the public eye," or watched by each person as you deal with situations and individuals, than are workers in other settings. Great demands will be put on your patience, fairness, and good nature, because many people will want your attention and time.

Part 1 - Van Drivers/Other Vehicle Drivers

Tommy is 62 and drives a van for the nutrition project. Each working day he takes 30 to 40 people from their homes to the nutrition site and back home again. Before he came to work today, his wife was nagging him again to go on a diet, so he is not in the best of moods. Then the van was not ready for him when he went to pick it up, so that made him several minutes late. He speeds a little to make up the time and screeches to a stop in front of Mrs. Grady's house. Mrs. Grady, who is never late, is waiting on her front porch.

Mrs. Grady: I was afraid you weren't coming. I've been waiting 20 minutes.

Tommy: No need to bite my head off. (They round a corner and arrive at their next stop. Several people are supposed to meet the van here and someone is always late! Only 3 of the 5 people to be picked up are there. Tommy groans and taps the steering wheel as the people get on.) Where are Mr. Sanders and Mrs. Polaski?

Mrs. Fischbein: Mr. Sanders went back to his house to call the center to see where you were. And Mrs. Polaski is coming.

Tommy: Great, that's all I need, him calling the center. Well, if Mrs. Polaski isn't here in one minute, we're leaving without her.

Mr. Schmidt: There she is, coming out of her house now. Don't get excited.

Mrs. Polaski: (comes to the door, puffing) Hi, everyone, good morning.

Tommy: I'm telling you, next time you're late I'm leaving without you. (He starts to pull off.)

Mrs. Fischbein: What about Mr. Sanders? Here he comes. (Tommy stops and drums the steering wheel with his fingers. He feels a headache coming on, and it isn't even lunch time yet.)

Things to Think About

Tommy is obviously not handling the situation very well. Since he is having a rotten day, even things that might not usually get to him are making him angrier, and he is taking it out on those around him.

How would you react if you were a passenger on Tommy's van this particular day?

How do you think the older people are reacting to Tommy's anger?

What could he do differently next time he has a rotten day?

What would you do if you were in his place?

Tommy and other drivers who transport older people from place to place do more than just get people where they want to go. Often the driver is the first person that the older person sees that day, and the last person he or she sees in the afternoon. Bus drivers and drivers of other vehicles, such as those that take older people to doctors' appointments, sometimes come in contact with people who do not use any other service. If the driver says a cheery "hello" and calls them by name, the older person's whole day can look brighter. A comment or question from the driver about a previously shared conversation can make the older person feel that the driver really pays attention to what he or she has to say. Because drivers are often seen as friends:

- their good and bad moods are taken seriously, and sometimes personally.
- they often are asked to do favors for the older person.
- they may get to hear the latest news in the older person's life, or the latest happenings at the center.
- they may be more trusted than other center staff or other older people.

Tips for Drivers

- Let people know if you are in a bad mood. This will make it easier for them to understand the way you are acting and might remind you not to take your anger out on them. It is easier to say "Hey, I got up grumpy today!" than to have to go back and apologize to 20 people for hurting their feelings.
- If an older person asks you about a service you do not know about, refer the older person to someone who knows. Most of the time this will be your supervisor. By working closely with your supervisor you will be able to answer most questions.
- Remember that if you have to say "no" to a request, do it with kindness. If an older person asks you to take her to her sister's house, for instance, and you want to say "no," let her know that you are rejecting her request and not her. Any request is reasonable, as long as you can choose whether or not you do what is asked. Explain the rules you work under when necessary.

Skill Building Activities

1. Make a list of things Tommy could have done that would have been better.

2. How can a driver deal with someone who is always late?

3. What are some ways you would respond to someone who criticized your driving?

Part 2 - Senior Center Staff

Lisa Morgan is 67 and a volunteer in a senior citizens' center. She is the chairperson of the dance committee. Today she is meeting with the committee to plan the next dance. The committee members, who are older people also, three women and one man, are already talking when Lisa joins them.

Fred: I think we ought to have Lou Gordon's band again. Everyone likes his band and they draw a big crowd. We want to make some money off this thing!

Sarah: People are tired of Lou Gordon's band! Besides, they charge an arm and a leg.

Bernice: Well, who do you suggest then, Sarah?

Sarah: Oh, I don't know, ask Lisa.

Lisa: How about the Twilight Serenaders? They seem well liked at the other centers.

Sarah: That's just it! We always get stuck with the same couple of bands. People want to hear someone new once in a while.

Lisa: What do you think, Jean?

Jean: Well, it seems to me that people don't go to hear any but the same old bands. If we want to make money, I think we'll have to hire one of the old reliables.

Things to Think About

Did everyone participate equally in the meeting?

Why did Lisa say so little?

What was she trying to do when she directed the question to Jean?

Do you think the meeting was a good one?

Older people who participate in senior center activities are a tremendous resource. When they do meaningful work and participate in decision making, they make important contributions. The more involved people are, the more interested they will be in what is happening.

Tips for Senior Center Volunteers

- Remember that the people, not the activities, are what is important. Sometimes the staff of a center try to have many activities and programs so that they will look busy and useful. But if the center participants are not interested or involved, the activities are meaningless. You can help the staff by letting them know what your interests are and asking others to do the same.

- Try to help people work together and support one another. Make this your goal in center meetings and committees, rather than "taking care of business." Business will take care of itself if the people involved in it are committed and satisfied by their contributions.

- If a committee cannot resolve a problem, suggest that they get the opinion of the larger group. This lets them know that the committee is interested in their views.

Skill Building Activities

1. Make a practice of asking committee members how they felt about a given meeting.

    a. Did each person feel included?

    b. Did each person participate?

    c. Did each person feel that they were listened to?

    Make other notes that will help you in future meetings.

2. If at all possible, discuss each meeting with a staff member who will take time to listen. Discuss the questions in the activity above as well as the topics considered in the particular meeting.

Part 3 - Nutrition Center Staff

Virginia is 59 and works as a dining room aide at a small nutrition site. Her job is to help prepare and package the food at the main kitchen. When it is ready, the food is transported to the site, where she helps to unload it. Then she serves it to the older people who have come to the site for meals. She has to work hard and move quickly so that people will get their food while it is still hot. Some days she feels she needs another pair of hands.

Virginia: Next, please.

Mr. Clovis: What is this stuff? It looks awful!

Virginia: It's chipped beef.

Mr. Clovis: I think those cooks are trying to poison us!

Virginia: You don't have to eat it.

Mrs. Brubaker: Quit your bellyaching, Fred, and move on so the rest of us can get our lunch!

Mr. Clovis: Don't tell me what to do, Florence! I'm a taxpayer, have been all my life, and I deserve decent food!

Virginia: I'm sorry if you don't like it, but we do the best we can. Now, would you please move along!

Things to Think About

How should Virginia have handled Mr. Clovis?

Did you like what she did, or could you suggest a different, better way of handling the situation?

If Virginia keeps quiet, what do you think that the other older people will do about Mr. Clovis?

How do you think Virginia feels about what Mr. Clovis is saying to her?

What are some reasons Mr. Clovis might be acting this way?

Have you had people act this way toward you?

What did you do or say?

Virginia and other people like her, who prepare and serve food to older people at nutrition sites, perform an important service. They see to it that the food is prepared under sanitary conditions and that it is served at the proper temperatures and in the correct proportions. They guard the health of the older people they serve. Sometimes they receive gratitude for their service and sometimes they get complaints, perhaps more than any of the rest of the staff. They have direct contact with almost every person in the site every day and they are often the target for whatever good or bad feelings individuals express as they pass through the line.

Tips for Kitchen and Dining Room Aides

- Remember to try not to take complaints personally. Complaints may be the older person's way of getting attention, or of expressing anger or helplessness in general. They may also just be in the habit of complaining. It is very unlikely that their complaints are actually meant to show displeasure with you. In fact, they would probably be surprised if they knew that they had hurt your feelings.

- Greet people cheerfully. Use their names, exchange a few friendly words with them. This can prevent quite a few complaints, and it brightens everyone's day.

- If several people express serious complaints about the food, let the site manager step in. If many people complain about a dish, either its flavor or its temperature, a change may be called for. Either the dish should be taken off the menu, prepared differently, or transported differently. In any case, the site manager has the authority to make the necessary changes with the cooks or other staff. Handling situations like these is the site manager's job, so providing the management with information needed to do a better job is an important service.

Skill Building Activities

1. Write down what you would have said to Mr. Clovis.

2. List five other ways Virginia could have responded to Mr. Clovis.

3. Read the following responses that Virginia could have made to Mr. Clovis. Select the two you like best.

    1. It looks pretty tasty to me.

    2. Sounds like you're in a bad mood today.

    3. Different people like different foods.

    4. Give your complaints to the site manager. She is the one who can get the dietician to substitute something else.

Part 4 - Adult Day Care Staff

George is 31 and works on the staff of an adult day care center. He helps the older people in his care to socialize in the protected environment of the center. Twice a week he has a rap group in the afternoons for people to talk about problems or topics of interest to them. The group usually has from 7 to 10 members, and the only rule is that only one person at a time can speak. Everyone knows everyone else; the group has been meeting for six weeks.

Joe: I haven't got anything to talk about today.

Cecil: How do you like your new son-in-law, Annie?

Annie: I like him fine. He's real good to my daughter.

George: Louise, it looks like you've got something on your mind.

Louise: That's the truth! The doctors have found cancer in my Eddie. (She starts to cry.)

Joe: Eddie's your only son, isn't he?

Louise: Yeah.

Ethel: Isn't there anything they can do?

Louise: They can give him the chemicals, make him live six or eight months longer is all. They can't operate, it's already spread too much.

Annie: How old is he?

Louise: Forty-eight. With a wife and four kids.

Ethel: So young! It's a darn shame.

Things to Think About

How are the group members feeling towards Louise?

Why is George not saying much?

Can the group members do anything for Louise?

Why or why not?

How do you think Louise feels about the way the group is acting toward her?

What can other people do for someone who is experiencing a loss?

As a staff member at an adult day care center, George must deal with people who are less able physically, and sometimes mentally, than those who attend centers and nutrition sites for older persons. Therefore he must be prepared to offer more physical assistance, such as help to get up and sit down, to get to the restroom, and so forth. His participants are people who need care and supervision during the day. They return to their families, foster homes, or housing projects at night. His role is like that of a friend because he must do much listening and caring and must offer much patience and compassion. The older persons with whom he works sometimes expect and demand that a lot be done for them. They need him to make appointments for them and they need to be transported to their doctors and to other places. If the family is unavailable, the adult day care staff will usually step in and see that the older person gets the necessary services.

Tips for Adult Day Care Staff

- Help the older person in your charge to maintain as much independence as possible. In the case of the older persons you serve, this may be more independence in making decisions than actual physical independence. Let them decide what they want to participate in at the center and choose the people they want to talk to. Encourage them to participate in as much planning as their physical and mental abilities permit. They have probably suffered many losses. This makes maintaining independence even more important.

- Encourage reminiscence. This is not the same as "dwelling on the past." Reminiscing about their lives, as was explained in Unit VI, helps the older person see things in perspective. It helps them to invest their lives with meaning. Older people (as we all do) need to look back at what they have accomplished, at what they have done with their lives. Part of looking back is recognizing that each of us has done the best we could with the resources we thought we had at the time.

- Focus on the strengths they still have. Help the older people at your center to appreciate what they can still do and learn, rather than letting them dwell on things they can do no longer. Focus on abilities, not disabilities.

- Group discussion is an excellent way to help people support and encourage each other. Older people can learn, or relearn, how to express caring to one another. The staff worker can be a model for these behaviors. Group members can also help each other express feelings, such as anger, despair, loneliness, satisfaction, or comfort, by listening and expressing concern for other members.

Skill Building Activities

1. Think about three of the older persons with whom you work. List five strengths that each one has. Share the list with each person and ask them what they would have listed.

2. Ask six of the older people with whom you work to tell you about the three incidents in their lives that have taught them the most. Write down, or have them write, if possible:

    a. What they learned from the incidents.

    b. What they did that made them learn.

    c. How they felt at the time about what they learned.

    d. How learning what they did then affected their lives later.

Help them to be specific about each item. As they tell you about each incident, notice any negative statements that they make about how they felt or behaved. As it seems natural to you, go back to the negative statements and ask the older persons to tell you how their behaviors or feelings at the time have helped them, through what they learned, to be stronger people now. Even very painful incidents can usually be put in perspective this way. For example, an older woman might say, "If I hadn't suffered so much when my husband died, I wouldn't be so concerned about and friendly toward other widows."

SECTION B – IN-HOME WORKERS

If you hold one of the positions described in this section, the older people with whom you come in contact will be in their own home setting, either by choice or because they have to be there due to illness or injury. In general, the older persons with whom you work are more socially isolated or frail than those you would meet in another setting. You are providing a needed service, but not one that is always requested or even welcomed. Once they have accepted a service and have gotten to know you, however, many older people may think of you more as a friend or family member than a helper.

Part 1 - The Door-to-Door Helper – Outreach Worker

"Oh boy, this is gonna be a rough one!" thought Jeff as he walked toward room 1216 in the old hotel. Jeff was a young outreach worker who had been called by the manager of the hotel at the insistence of the manager's wife. She apparently had a soft spot in her otherwise hard heart for the tenant he was about to see. The tenant was a retired doctor whose only living relative was a son who lived in London. The son sent a check every month for the doctor's rent and food, but this month it had not arrived and the rent was two weeks overdue. The doctor had not left his room in a week, and the manager's wife, who used to enjoy visiting with him regularly, was worried. Any other tenant would have been put out in the street, but she felt sorry for "Doc," and angry at his son.

"Poor old guy, has some disease where he shakes a lot, and not enough money to buy food or medicine! What kind of son would do that?" she had asked Jeff when he came to the hotel that day. Jeff was wondering about that himself as he knocked on "Doc's" door. After he knocked several times, a shriveled face appeared at the door. Jeff explained who he was and was amazed when the man did not slam the door, as he seemed about to do. With a shrug he let Jeff in and shuffled back to his chair by the window. He was very thin and Jeff wondered if he had eaten at all that week. Jeff sat on the foot of the bed and started to talk to Doc.

Jeff: Doctor Harrigan, Mrs. Davis downstairs asked me to come and see you. She was worried and thought that maybe I could get you some food and medicine. (Doc just stares out the window. Jeff continues:) I'd like to help if you want me to, but to do that, I need for you to help me.

Doc: (whispering) I know who you are, all right. You've come to take me away and put me in a home!

Jeff: What makes you think that?

Doc: My son wants me put in a home, says I can't take care of myself anymore. Said if he stopped the money, they'd come take me. He stopped, and here you are. Well, I won't go! I'll die first:

Things to Think About

What should Jeff do to help Doc?

What are the problem areas in Doc's life?

Which of these problems is he likely to let Jeff help him with?

How can Jeff gain Doc's trust?

Could Jeff have prevented Doc's distrustful reaction?

How would you feel if you were Doc and Jeff came to your door?

What would you want to know about Jeff before you would let him help you?

What can Jeff do if Doc refuses his help?

Jeff has a difficult task ahead of him with Doc. As an outreach worker, he is in a position to do as much or more for Doc than a friend or relative would, yet he remains basically an outsider. He must gain Doc's trust before Doc will even consider accepting his help. Once Doc trusts him, he must continue to be honest with Doc about the kinds of help he thinks Doc needs, but he must always let Doc decide what help to accept. Jeff must give a lot of himself, without becoming too attached. This is a thin line for him to walk, as it is for all outreach workers.

Tips for Outreach Workers

- If at all possible, contact the older person before your visit, to let him or her know when and why you are coming. This contact can be by phone or letter, or the person who asked you to come may tell the older person when and why you are coming. This makes you less of a stranger and more of an expected guest. Like any other guest, you should identify yourself and take some time for socializing.

- Remember that even if the help you offer is not accepted, your time has not been wasted. Sometimes outreach workers feel they have failed when an older person refuses the services offered. If older people choose independence over assistance, however, you have to honor that choice. And often they will call for help months or even years later when they think it is needed. You prove yourself to be trustworthy by not giving unwanted help as surely as you do by providing help that is needed.

- If possible, mobilize any natural support the older person already has. Especially if the person is refusing your help, try to get his or her permission to let you talk to other people such as friends, neighbors, family, or ministers about help that is needed. If you have let the person know that you are concerned and if you have spent more than 20 minutes talking and listening, you have probably convinced the older person of this to some degree. Doc, for example, would probably let Mrs. Davis oscasionally fix an extra portion of food for him.
- Remember to take care of yourself. This means letting older persons know that although you like them, you cannot come over all the time because other people have claims on your time too. It means spacing your calls so that you can catch your breath between visits. It means not seeing too many people in one day. It means taking a day off when you feel too tired to see people. Outreach work with older people can be very demanding; to do it well, you have to conserve your most valuable resource — yourself.

Skill Building Activities

1. Write down at least four suggestions for what Jeff could do with Doc. Be specific and place them in their order of importance — most important first, and so on. Below each suggestion, list what Jeff or Doc (or both) will have to do to carry out your suggestion.

2. List four things Jeff could do if Doc refused his help. Some obvious examples might be:

   a. Jeff could leave his name and number so that Doc could call him if he changed his mind.

   b. Jeff could ask Doc if he could contact Doc's son to see if Jeff could get him to change his mind about sending money for Doc's support. Be creative with your list. If you are part of a group of trainees, make a composite list from all those made in your group, eliminating duplicates.

Part 2 - Drive-A-Meal/Meals-On-Wheels Provider

Karen Davis is 42 and a housewife who delivers meals for Drive-A-Meal as a volunteer. She likes her work because the people on her route are almost all older, and they make a big fuss over her when she delivers their noon meal. She tries hard always to be on time, and everyone lets her know that they appreciate this. They eagerly look forward to her arrival, usually exchange a few words with her, and then wave her along. Today as she approaches Mrs. Beasley's house, the 82-year-old widow is waiting for her in the doorway. "Come in, come in," Mrs. Beasley says, "I have to talk to you!" She seems quite agitated, but Karen is thinking "Oh no! I'm only halfway through my deliveries!"

Things to Think About

What should Karen do? Should she:

a. Tell Mrs. Beasley she's sorry, but she cannot come in since she has to deliver the rest of the meals?

b. Ask Mrs. Beasley what is wrong, and if it is not an emergency, promise to return after delivering the rest of the meals?

c. Hear Mrs. Beasley out, even if the other meals are delivered late?

d. Listen briefly and then try to find a friend or neighbor to stay with Mrs. Beasley until she calms down?

Karen and the other people who deliver meals to older persons are sometimes put in a bind by situations like this one. On the one hand they are concerned about the older persons and do not want their feelings to be hurt. On the other hand, they have to balance the needs and feelings of all of the older people they serve. Since the older people who receive their meals this way are usually handicapped or ill and alone, the person delivering their noon meals may be the only person the older people see all day. They may want to prolong the human contact for as long as possible, and they may need to use the person who delivers their meals as a link to the outside world.

When facing a problem like Karen's, the person must decide whether the one older person's needs are more urgent than those of all the people still waiting. Sometimes they are, and the person must drop everything and help out. When no emergency exists, the meal deliverer must tactfully keep moving, without making the older person feel abandoned. As a meal deliverer, coming back after making your rounds is a personal decision only you can make. If you find yourself doing that a lot, however, you may need to ask someone else for help or you may choose to make a referral.

Tips for Meals-on-wheels providers

- Remember that older people will not become upset with you for doing your job even though you may think they will. They know that you take meals to others and that it is important to deliver them hot and on time. When they want your attention, they will wait for it, if they know you will not forget.

- Improving the quality of your visits will probably help you deal with the fact that the nature of your job necessitates short, somewhat hurried visits. Learn people's names. Greet them cheerfully. Comment on something positive, such as their appearance or your pleasure in seeing them. Ask them about other family members. Remind them that you or another worker will see them tomorrow, or soon.

- Try to link the person with a neighbor or other friend for social support.

Skill Building Activities

1. List five ways to improve the quality of your visits with older people without taking a lot more time with any one individual.

2. Keep a notebook with notations about family, interests, and so forth for each of the older persons you see. Share this with other workers and ask them for information they may have. List three ways you could use this information.

Part 3 - Homemakers — Help on the Home Front

Bertha is 32 and has worked as a homemaker for four years. She enjoys her work very much, especially the work she does for Mrs. Hutchins. She has been going to Mrs. Hutchins' house twice a week for over two years. Mrs. Hutchins is a 76-year-old widow. When the welfare department first sent Bertha, Mrs. Hutchins weighed only 82 pounds. The rooms of her house were piled high with newspaper and cardboard boxes, and there was no food at all. She had been sick after her husband died and had finally been too weak to go out for food. When her neighbor found her, she was too weak to sit up. Then Bertha came to help her tidy up and cook her meals. Mrs. Hutchins put on weight and began to smile again. She and Bertha have unpacked some of the pretty things that had been packed in cardboard boxes when she was so sad about her husband's death. Now she says that her house looks like a home again. Today she has found some china that she had not seen for many years. It had been a wedding present.

Mrs. Hutchins: Well, look here, Bertha! Look what I found!

Bertha: Oh, how beautiful!

Mrs. Hutchins: These were a present to me and my husband when we got married. I haven't used them in years. Here, Bertha, I want you to have them.

Bertha: Oh, no, Mrs. Hutchins. They are much too nice for you to give away.

Mrs. Hutchins: Don't be silly. What's an old woman like me going to do with stuff like this – give a dinner party? You're young, you've done a lot for me. You should have it. Go on, I insist.

Things to Think About

What should Bertha do?

Shoud she take Mrs. Hutchins' gift?

Why does Mrs. Hutchins want to give Bertha something?

If Mrs. Hutchins has children, what would they think about her giving Bertha the china?

What would you do?

What are the rules of your agency?

What are the reasons for these rules?

Bertha seems to be much more than just someone to cook and clean for Mrs. Hutchins, as many homemakers are. She has helped Mrs. Hutchins put her life and health back together. Mrs. Hutchins is grateful, and she likes Bertha as a person. Bertha is cheerful and does not mind working hard, although the work has been easier since she only has to keep the house clean. She likes being able to make living more comfortable for Mrs. Hutchins. The service she offers is very direct, and necessary.

Tips for Homemakers

- Remember to respect yourself. What you are doing is important to the people you serve. Without you, they might not be able to live their lives as they have chosen — alone and independently. This is true whether they seem to appreciate you or not.

- Let people appreciate you. It is natural that the people you work for would want to thank you. They want to be givers as well as takers. Most of the time they will want to tell you that what you do is important to them. Sometimes they will want to give you gifts. It is up to you and the agency you work for whether you may accept the gifts or not. But offering a gift can be an older person's way of thanking you. If you feel that you cannot accept a gift, be sure to let the older person know that you appreciate the desire to give it. Give your reasons for not taking the gift as honestly and kindly as you can. You might want to suggest that the older person give you a different kind of reminder, a photograph perhaps.

- Watch the older person for big changes. Watch for changes in health, in the way they look or feel or act. Since you see them regularly, you are more likely to notice changes that would be important. If you think you see a change that could mean the older person is ill or "feeling blue," you can be of great service if you take the time to talk to him or her tactfully about what you see. If necessary you can tell your supervisor or someone else who can also help the older person. A big change in activity or mood can indicate an illness or other problem that needs to be treated. You may be the first helper to notice the change.

- Keep in mind that yours is a very special relationship. Family and friends may not understand your relationship with the person you are serving. Sometimes making an effort to be friendly to them can help. Being honest about your purposes in serving the older person also can help.

Skill Building Activities

1. List five ways that you and the people you serve can express appreciation for each other.

2. List five changes in an older person that could be signals that professional attention is necessary.

Part 4 - Friendly Visitors or Companion Sitters

Jean is 62 and spends part of her time volunteering as a friendly visitor for her church. She visits four older people on a regular basis and three others periodically. Grace, an 80-year-old blind woman, is one of the people she visits once a week. Every Thursday afternoon, Jean reads to Grace for an hour. Then they talk and usually have tea. Grace looks forward to the time with Jean, and even washes her hair on the day when Jean is coming so that she will be fresh.

The Colonel is 74 and has had a stroke. He lives with his wife who has arthritis. Neither of them moves around very easily, so they have contacted a service that provides companions for older people. Their companion Betty comes to their house twice a week and fixes meals that the Colonel and his wife freeze and eat later in the week. Betty likes the couple and does many extra things for them when she comes. It is only when they start talking about their daughter and how she never comes to visit that Betty starts to feel uncomfortable. Sometimes they tell Betty things about their daughter and her family that Betty would rather not hear.

Things to Think About

If Grace asked Jean to write a letter to her son, should Jean do it? Why, or why not?

Should Betty try to get the Colonel and his wife to exercise more? Why, or why not?

What should a visitor or companion do if they do not want to do something that the older person asks them to do?

Persons who work as companions or volunteer as friendly visitors occupy a special place in the lives of the people they serve. They function as friends, providing a listening ear and friendly conversation. Sometimes they also offer a specific service, but mostly their job is to keep the older person company. For that reason, it is important for the visitor or companion to like and get along well with the older individual. If you are a visitor or companion, the older person may confide things in you that are not shared with anyone else. Sometimes it may be hard for you to know how to respond. For example, they may tell you about family problems that are painful for them. Chances are that they do not want you to do anything but listen. Many do not have family members who are interested or who understand their need to confide in someone.

Tips for Friendly Visitors/Companion Sitters

- Do not try to do more than you have been asked to do. And do not do some-something for the older person that you resent or do not feel right about.

Sometimes you may feel that the conditions older people live in are terrible or dirty, but they may be satisfied with things as they are, or too proud to ask for help. If your relationship with them is good, they will probably talk about things they would like to change. Then you can offer to help if you sincerely want to do so. You have to let them make the first move.

- It is okay for you not to like everyone. Also it is quite likely that you will be assigned to people who do not like you for some reason. In such instances, ask for reassignment. You will be doing yourself and them a favor.
- Get together periodically with other visitors. You can provide each other support, encouragement, and helpful information.
- People do not have to have a problem to gain from your services. By being there and by listening, you provide an invaluable service. Do not pressure yourself to solve problems.

Skill Building Activities

1. Make a list of things an older person you visit or serve needs your help in doing. Make a second list of important things they can do for themselves. Discuss your list with the older person.

Needs help doing	Can do for themselves

2. Learn as many sources of help as you can. Keep a notebook of types of services, names of people to contact, phone numbers, and other necessary information. Refer back to Unit VIII for more information.

Part 5 - The Housing Complex Worker

Martha is 47 and manager of a housing complex for older people. Her job is to handle complaints, settle disputes between tenants, and keep things running smoothly in the complex. Two tenants have been arguing and are now coming to Martha about a problem. Mrs. Jaworski is 71, Mrs. Manzini 67, and their apartments are next door to one another.

Mrs. Jaworski: She always plays the television too loud. She has it right next to my wall and I can hear it go boom, boom, boom all night.

Mrs. Manzini: Too loud? I can hardly hear it!

Mrs. Jaworski: Can I help it if you're deaf?

Mrs. Manzini: Well, she is so rude! Does she come to my door and ask me to turn it down? No! She bangs on my wall with her cane and knocks down my pictures. Who's going to pay for the glass, eh?

Things to Think About

What should Martha do about this situation, if anything?

How do you think Martha feels about having this kind of problem brought to her?

How have you felt in similar situations?

Martha acts as a kind of landlady to the tenants in her building. As a manager, she may also hear about many of the tenants' personal problems, especially if she is a good listener. She can help them take more responsibility for themselves by listening carefully and helping them discover what they can and want to do about their problems.

Tips for Housing Complex Workers

- Try not to play favorites. Try as much as possible to treat all tenants in the same way, especially with respect to applying the rules of the complex. The tenants expect you to be trustworthy and fair.

- Have tenants participate in making the rules for the complex. If they help in making the rules, they will be more likely to try to follow them. And if they help with enforcing the rules – by the formation of a council or other governing body for the complex – then so much the better. This takes you out of the role of judge and you can spend more time operating the complex.

- Listen carefully and, whenever possible, let people discover solutions to their own problems. Allow people time to calm down. Then discuss with them ways they can handle their disagreements.

Skill Building Activities

1. Analyze the problem given for the housing complex worker using the following outline:

   a. Whose problem is it?

b. What are the primary feelings that each of the two women are experiencing?

c. When the women are feeling calmer, what are some things you could do to settle the dispute?

d. List four things you could do to help prevent such problems.

Part 6 - Information and Referral Workers

Manny is 21 and has been working with information and referral for eight months. This morning he received a call from Mrs. Wong, a 60-year-old woman, who seemed very upset:

Mrs. Wong: I don't know if you can help me, but I don't know who else to call. My husband is supposed to go to the hospital every day for physical therapy. For the last four days he has refused to go. I beg and plead with him, but he won't listen.

Manny: You sound very concerned about him. (He pauses, but she does not continue.) Do you have any idea why he is refusing to go?

Mrs. Wong: Oh, yes! It is all my fault! We live in an upstairs apartment and it is very hard for him to get up and down the stairs, even if I hold him. And I do not drive, so we have to ride the bus to the hospital. The bus stop is a block from where we live, so we must walk. This is also very hard, because he is heavy and I am small. He has given up, I think. What am I going to do? If he doesn't take the therapy, he will soon not be able to move. Already he is so stiff!

Manny: I can see why you are so worried. It can be frightening to feel like there's nothing you can do for someone you care about.

Mrs. Wong:	Oh, yes!
Manny:	Would you tell me a little more about the kind of therapy your husband needs?

Mrs. Wong explains her husband's injury and physical therapy needs to Manny. Manny asks questions to find out what sources of help Mrs. Wong has already tried and if Mr. Wong is opposed to physical therapy or just to the difficult hospital trips. He listens carefully to Mrs. Wong's tone of voice so that he can make his own voice especially soothing when she becomes upset.

Things to Think About

What are your responsibilities to the older people with whom you deal?

How far should you go, how much time should you take, to help an older person?

How do you determine what sort of help the older person needs?

What do you do if the service the older person needs is not offered in your community?

The information and referral worker helps connect older persons with needed services. Since they are not able to see the older person with whom they are speaking, they must train their ears to pick up information that their eyes and other senses would usually give them. They must learn to judge an older person's emotions from clues they can get from the person's voice, from the pauses and hesitations in the conversation, and from the words used in the conversation. They must train their voices to convey the emotional message they want the older person to get—friendly concern, caring, calm support, competence, or comfort.

Tips for Information and Referral Workers

- Learn to recognize voices and connect them with names. Use whatever method works to sharpen your memory. Write things down. Make associations.

- Listen to the person's whole story before deciding what you should do. Older persons may not want the kind of help you think they do. Hearing them out gives them the chance to resolve their problems. Sometimes they may only need someone to help them sort through their choices. The help you have to offer will still be there when they finish telling their story, and they will be better able to hear you when they do not have anything more to say.

- Remember that you will have to use your own judgment a lot, so learn to trust it. Even if you get the best training possible, it cannot cover all the situations that will come up. You will have to make decisions as you go along. In doing this, you have to risk being wrong. If you think things through and listen to yourself, however, you have done the best you can; and that is usually more than enough.

- If you are referring older persons somewhere and you know something about the place, tell them about it. This will give them an idea of what to expect, and will make going to a new place easier for them. People who live alone often become introverted and fearful of new situations. They need information plus encouragement to better help themselves. For example, "Susan is the receptionist at that agency. She seems grumpy, but actually she is very helpful, so don't be put off." Or, "When you have an appointment at that agency, you usually have to wait at least an hour." Let them know which papers to take, which hours are best to call for information, and anything else you can tell them that would prevent needless waiting, delay, or frustration.

- Remember that listening is your most important function. There are many information givers available to people, but few listeners. Telephone workers should listen for and be alert to the possibility of emergency situations. These can include confusion in a person who is usually alert, signs of extreme fear, slurred speech, and so forth.

Skill Building Activities

1. Have someone tell you something that happened to them for one or two minutes, then repeat back to them what you heard. Ask them to tell you if you left anything out.

2. List five positive things that the information and referral worker did.

3. List three positive things that he or she did not do but could have done.

4. List all the emotions you can think of that a person can convey with his or her voice. Indicate those that might call for emergency intervention with a checkmark.

SECTION C — LONG-TERM-CARE STAFF

The people who work in long-term-care facilities work with people who need around-the-clock physical care. Many of the people they work with are older, though not all of them. The older people in their care have to have someone on call 24 hours a day for attending to their needs.

Linda is an 18-year-old nurse's aide. She works the day shift in a 120-bed nursing home. This is her first job. The patients like her because she is cheerful and enthusiastic. She likes most of them, but she has trouble with a few of them, like Mr. Jaworski. Mr. Jaworski is 83 and will leave the nursing home if he is not restrained. He has a very sharp tongue and curses in Polish at everyone who comes near him. Today, when Linda came by to check on him, he had urinated on himself. No one was nearby to help her change him, so she decided to try it by herself. To do so, she had to undo the restraints that bound him to his wheelchair. She went to his closet to get him clean pajama bottoms; when she returned he was gone. She ran into the hall but could not see him anywhere.

Things to Think About

What should Linda do?

What should she tell her supervisor?

How could she have handled the situation differently?

When you are responsible for the total care of a person, as Linda is at the nursing home, you are under a great deal of pressure. You are responsible for some older persons who are not capable of being responsible for themselves. The staff of the nursing home become like family members because they are part of the older persons' daily routines. The nursing home itself becomes the patients' world, for the most part. Older persons come to count on seeing certain people at certain times of the day, and look forward to certain days of the week because of what happens on those days. Your behavior and attitude, as part of the staff, are very important to their well-being. The older people in a nursing home setting are more dependent on you to give them attention and approval because they have few sources left to provide such things.

Tips for Long-Term-Care Staff

- Remember that you can be friendly and cheerful whether or not others seem to appreciate this. There is no reason to let the negative moods of others change your behavior.

- It is O.K. to ask for help. In this situation, Linda needed the assistance of another person.

- Show respect in as many ways as you can. Treat older people in nursing homes with dignity even when they are disrespectful toward you. Remember to ask them to do things rather than tell them, speak to rather than about them, and look at them when you talk to them. Knock on an individual's door before entering. Allow older persons to make choices.

- It is O.K. to make mistakes. Linda cared and was trying to be helpful. This is far better than being coldly efficient.

Skill Building Activities

1. List three or four things Linda needs to know about each person she serves.

2. What are three things Linda needs to tell or ask her supervisor?

SECTION D — PUBLIC SERVICE PROVIDERS

If you hold one of the positions described in this section, chances are that most of the time you come in contact with older people who have requested a service either in person or by telephone. When you deal with older people, be careful to remember their special needs.

Part 1 - Receptionst/Secretary

Corina is 21 and the receptionist at the food stamps office. One morning as she is talking to a friend on the phone, Mrs. Carrasco, who is 67, approaches her desk and stands waiting for Corina to notice her.

Corina: Hold on, Lucy. Yes, may I help you?

Mrs. Carrasco: (in Spanish) Excuse me, miss. I was told this is where I should come because I don't have enough money to buy groceries this month. You see the electricity bill....

Corina: (also in Spanish) Sit over there and fill this out. (She hands Mrs. Carrasco a form and points to a table. Goes back to phone.) Lucy? Then what did he say? (Mrs. Carrasco sits down with the form. After a few minutes she returns to the desk.) Excuse me, miss. Can someone help me with this? I don't see too well.

Corina: (to phone) I'll have to call you back. I have to help someone. (She takes the form and goes over each item, filling in the information as Mrs. Carrasco answers her questions. Then she tells Mrs. Carrasco) Sit in the waiting area and an interviewer will be with you shortly.

There are 52 people ahead of Mrs. Carrasco and only two Spanish-speaking interviewers, so she must wait for two hours. When the interviewer finally calls her name and takes her into his office, he tells her she does not have all the papers she needs; she will have to come back another day. Mrs. Carrasco leaves his office, never to return.

Things to Think About

Why didn't Mrs. Carrasco come back?

How did Mrs. Carrasco feel about the day she spent at the food stamps office?

How did Mrs. Carrasco feel about herself afterwards?

What would she tell her relatives and friends about this experience?

How could Corina have been more helpful to Mrs. Carrasco?

What do you think would have happened if Corina had let Mrs. Carrasco "tell her story" when she first came in?

Because Corina is the first person people see when they walk in the door, Corina is in a very real way the representative of the whole office. People may see different interviewers, but they all see Corina. Her appearance, her voice, whether she smiles or does not smile, whether she says "good morning" and looks at people — all these things give people their first clue of what to expect from the situation. If she is unfriendly or abrupt with people, they may respond by becoming angry, their feelings may be hurt, or they may feel embarrassed and awkward.

On the other hand, Corina also has the opportunity to make people feel welcome and important. She can do this by smiling at them, by listening for and using their names, by looking at them and listening carefully while they talk, and by telling them what they need to know in order best to use the services the office offers. She is also in a position to save the agency time and effort because, as she listens to what each person wants from the office, she can tell if someone is in the wrong place and can direct that person to where they can be helped.

Tips for Receptionists/Secretaries

- Do not assume that everyone can see as well as you do, hear as well as you do, or read as well as you do. Some people can, but a lot of older persons cannot, so the only way to tell is to watch how they act. If they seem sure of themselves, probably no further help is needed. If they do not seem to know what to do, offer to help.

- Take time to listen, especially when you are in a hurry. Many times it takes less time to hear someone out than it does to listen only to part of what they have to say. If you hear the whole story, you will be more likely to know what that person really wants, and whether he or she is in the right place to get help.

- Think about the value of time: yours, others' in your office, and the time of the older people with whom you work. If older persons will need certain documents, check with them to make sure they brought the documents with them. Tell people the kind of wait they can expect so that if they have another appointment in an hour, for example, they can come back another day. Remember that their time is as valuable to them as yours is to you, so spare them all the waiting that you can.

Skill Building Activities

1. Select a period of time (e.g., the first hour on Monday morning) and make notes on the first five older persons with whom you work. Use the following outline for your notes.

Older Person #1. Name ______________________________

General appearance __________________________________
(2 descriptive words)

Facial expressions __________________________________

Feelings expressed in their voice _________________________

Do the same for older persons 2, 3, 4, and 5. Add other descriptions as you sharpen your powers of observation.

2. As you have the opportunity to visit other offices, such as doctors' offices, note how helpful the secretaries or receptionists are. Rate each one (privately, of course) on a 1 to 5 scale. 1 is very poor and 5 is excellent.

Part 2 - Employment Service Staff

Mrs. Lewis is 71. She owns and lives in a small house in the central part of a small city. Her monthly income from Social Security and Supplemental Security Income is $238.00, which until recently has been enough for her to get by on. She has been a widow for 10 years, and her children live in another city. She has lived in the same house for 25 years and now finds that the needed repairs are more than her small budget can handle. She is in reasonably good health, so she has decided to look for work. She has not held a paying job since before she was married, when she worked in a pants factory. She has pursued several ads in the newspaper without success and has come to your office as a last resort. Her opening remark to you as she sits down at your desk is, "I don't really know how to do much, but I learn quick and I need to work real bad."

The following are possible first responses that different employment service staff might give Mrs. Lewis:

Helper #1:	Oh, of course you can do lots of things! Don't worry, we'll fix you right up with something.
Helper #2:	Well, you certainly have the right attitude. The trouble with most people today is that they don't want to work. Let's see, just fill out this form and we'll get started.
Helper #3:	It's easy to get discouraged when you're looking for work, especially if you haven't worked for awhile. Maybe if we talk a little while we can come up with some things that you enjoy and do well.
Helper #4:	You certainly are discouraged, aren't you? Well, I don't want to make you feel worse, but with no skills and at your age, even a CETA employer won't be in any rush to take you. Do you cook?

Things to Think About

If you chose to say something different to Mrs. Lewis, what would you be trying to tell her that you wouldn't put into words?

How could you build on her strengths?

If you work in an employment office, the older people you see are likely to be those who have not been able to find work some other way — through old connections from former jobs, through friends, through following up ads, or just luck. They are quite likely to be discouraged. Each of the helpers reacted to Mrs. Lewis' discouragement differently. The first took a motherly approach with words instead of actions. Mrs. Lewis was patted on the head and told "there, there, don't worry." The second helper tried to be encouraging, but did not recognize Mrs. Lewis' feelings. The third helper let Mrs. Lewis know that her feelings were seen and understood and then began to include her in a plan of attack for changing her situation. The last speaker seemed to get discouraged right along with Mrs. Lewis. An attempt was made to look for Mrs. Lewis' hidden skills, but not until after the speaker had told her that on the surface things were pretty grim — not exactly encouraging.

Tips for Employment Service Staff

- Recognize that the older persons with whom you work probably value work very highly. They may believe that working is a moral necessity.

- Help people to focus on what they can do instead of their limitations. If someone says, "I've only been a housewife," help them to talk about the skills and strengths it takes to raise a family, keep a house clean, sew, shop, and so forth.

- Remember that looking for a job can be scary. Work with them to build their self-confidence.

Skill Building Activities

1. Rewrite each of the following statements, changing them from negative to positive. (Note: The negative part is underlined.)

   Example: I only have two years experience. (Negative statement)

   I have two years experience. (Positive statement)

   a. Nobody will want to hire a person my age.

   b. I guess I could apply at the bank.

   c. I don't know what to do.

   d. I can't do much of anything.

SECTION E — GENERAL TIPS FOR WORKING WITH OLDER PERSONS

The list below is a summary of the ideas discussed throughout this unit. If you are not sure what a particular tip means, you can refer back to the Part where it was discussed to gain additional information.

Let people know if you are in a bad mood. (Section A, Part 1)

If an older person asks you about a service you do not know about, refer the older person to someone who knows. (Section A, Part 1)

Remember that if you have to say "no" to a request, do it with kindness. (Section A, Part 1)

Remember that the people, not the activities, are what is important. (Section A, Part 2)

Try to help people work together and support one another. (Section A, Part 2)

If a committee cannot resolve a problem, suggest that they get the opinion of the larger group. (Section A, Part 2)

Remember to try not to take complaints personally. (Section A, Part 3)

Greet people cheerfully. (Section A, Part 3)

If several people express serious complaints about the food, let the site manager step in. (Section A, Part 3)

Help the older person in your charge maintain as much independence as possible. (Section A, Part 4)

Encourage reminiscence. (Section A, Part 4)

Focus on the strengths they still have. (Section A, Part 4)

Group discussion is an excellent way to help support and encourage each other. (Section A, Part 4)

If at all possible, contact the older person before your visit, to let him or her know when and why you are coming. (Section B, Part 1)

Remember that even if the help you offer is not accepted, your time has not been wasted. (Section B, Part 1)

If possible, mobilize any natural support the older person already has. (Section B, Part 1)

Remember to take care of yourself. (Section B, Part 1)

Remember that older people will not become upset with you for doing your job, even though you may think they will. (Section B, Part 2)

Improving the quality of your visits will probably help you deal with the fact that the nature of your job necessitates short, somewhat hurried visits. (Section B, Part 2)

Try to link the person with a neighbor or other friend for social support. (Section B, Part 2)

Remember to respect yourself. (Section B, Part 3)

Let people appreciate you. (Section B, Part 3)

Watch the older person for big changes. (Section B, Part 3)

Keep in mind that yours is a very special relationship. (Section B, Part 3)

Do not try to do more than you have been asked to do. (Section B, Part 4)

It is okay for you not to like everyone. (Section B, Part 4)

Get together periodically with other visitors. (Section B, Part 4)

People do not have to have a problem to gain from your services. (Section B, Part 4)

Try not to play favorites. (Section B, Part 5)

Have tenants participate in making the rules for the complex. (Section B, Part 5)

Listen carefully and, whenever possible, let people discover solutions to their own problems. (Section B, Part 5)

Learn to recognize voices and connect them with names. (Section B, Part 6)

Listen to the person's whole story before deciding what you should do. (Section B, Part 6)

Remember that you will have to use your own judgment a lot, so learn to trust it. (Section B, Part 6)

If you are referring older persons somewhere and you know something about the place, tell them about it. (Section B, Part 6)

Remember that listening is your most important function. (Section B, Part 6)

Remember that you can be friendly and cheerful whether or not others seem to appreciate this. (Section C)

It is O.K. to ask for help. (Section C)

Show respect in as many ways as you can. (Section C)

It is O.K. to make mistakes. (Section C)

Do not assume that everyone can see as well as you, hear as well as you, or read as well as you. (Section D, Part 1)

Take time to listen, especially when you are in a hurry. (Section D, Part 1)

Think about the value of time: yours, others' in your office, and the time of the older people with whom you work. (Section D, Part 1)

Recognize that the older persons with whom you work probably value work very highly. (Section D, Part 2)

Help people focus on what they can do instead of their limitations. (Section D, Part 2)

Remember that looking for a job can be scary. (Section D, Part 2)

The following tips are also useful for service providers working with older people. These were not discussed in this unit.

If you know of a service that would help someone, tell them about it.

Treat people as if they have something valuable to offer.

Age is no excuse for rude or mean behavior.

Know the resources that are available in your area.

Make clear to people what your limitations are.

Give yourself credit for every success.

Knowing what to do will help you handle emergencies more calmly.

Take advantage of all the training available to you. Make sure you learn what you need to know.

Remember that an accusation is not a fact, it is only an opinion.

You can be kind, firm, and courteous all at the same time.

Remember to forgive yourself for your mistakes.

Skill Building Activities

1. Read over the list of tips. What tips would you add, based on your own experience working with older people? Make your own list.

SUMMARY

This unit has given you some examples of situations that can happen when you are working with older people. You may know of similar situations from your own experience, and you surely know of many others that were not talked about here.

The purpose of the unit has been to give you some ideas about the kinds of things you could do to be even more helpful to older people than you are now. Most of the suggestions given are simply common sense, yet they are very important. The "General Tips" section can remind you of the main ideas for helping that are covered in the unit.

This unit along with the other units in the manual can help you to be more helpful to older people. It is, however, only a beginning. Other training, experience on the job, further reading, and talking to other service providers about your work can improve your performance even more.

RESOURCES FOR FURTHER LEARNING

Butler, R.N. Age: The life review. Psychology Today. 1971, 5 (49), 51,89.

Carkhuff, R.R.; Pierce, R.M.; & Cannon, J.R. The art of helping, III. Amherst, Mass.: Human Resource Development Press, 1978.

UNIT XI

KEEPING UP THE GOOD WORK

Charles Timothy Dickel

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He has been active in promoting counseling services for older persons through professional lectures, research, presiding over the Eastern Nebraska Office on Aging's Senior Companion Program's Advisory Council, and serving on the American Personnel and Guidance Association's Committee on Adult Development and Aging. His professional interests include helping others meet the needs of older people, and toward this end he has conducted workshops for older peer counselors, service providers, university students, children of older parents, clergy, and the police.

He earned his doctorate in counseling and guidance from Indiana University in Bloomington in 1973 and is currently working on a certificate in Gerontology at the University of Nebraska at Omaha.

OBJECTIVES

Unit XI encourages you to grow beyond the training that this manual provides. When you have finished this unit successfully, you will be able to:

- identify the questions to ask in a progress review.
- identify the questions to ask about the feelings, skills, and knowledge involved in helping someone.
- Explain your agency or organization's policy on confidentiality.
- describe the seven steps of the self-review map.
- explain the value of support group involvement and attend a regularly scheduled support group of fellow helpers.
- complete a written list of personal needs for continued learning and know local and regional sources to meet these.
- identify the names of appropriate organizations for meeting your needs.
- demonstrate a calendar commitment to supervision, support group membership, continued learning, organizational involvement, and absorbing, away-from-the-job activities.

INTRODUCTION AND OVERVIEW

You have nearly completed this manual, and it is time to think about what will come after you are through. You have learned how to build, maintain, and end a helping relationship. You have learned how to use this relationship to assist older persons in your community. You probably are eager to use what you have learned, and you will do a good job. It is important, however, that you continue to stay excited and do all of the things you have learned through this training program.

This unit is intended to give you help in "keeping up the good work." You have grown as a helper in learning the knowledge and skills taught through this program, and it is important for you to continue that growth. It is only through your constant efforts to improve yourself that the people with whom you work will grow. This unit contains suggestions on how to develop further your helping skills.

SECTION A—CONTINUED DEVELOPMENT OF HELPING SKILLS

"Keeping up the good work" demands many things of the helper, and the most important is continuing to develop helping skills. Your helping skills will continue to develop when you are willing and able to evaluate your work and to let skilled others examine your helping efforts. Your work with older persons must be evaluated, because the future of the people you help, of your job, and of your agency may depend on it. By looking at your actions, you can learn which of your helping skills are effective and which need more work. This will be a positive, growth experience for you.

Part 1 - Ongoing Supervision and Feedback

During supervision, someone with more knowledge and skills than yourself closely looks at your work and helps you determine where and when you have been helpful. The supervisor can point out your successes and praise you for them. Likewise, the supervisor can indicate where you could have been more helpful and suggest how you might handle a similar situation in the future. Feedback helps you see your own helping through the eyes of someone else. If you have a supervisor, ask him or her to be specific about how you could improve your effectiveness with each person you discuss.

There are two goals for any supervision, and you can share these with your supervisor. First, you and the supervisor can review the progress each person you assist is making and how you are helping with that progress. Second, you the helper can complete a self-review. When you and your supervisor talk about the progress an older person is making with your help, the supervisor may ask questions about the older person such as:

a. How does this person want to change?

b. How have you helped this person change?

c. Is this change happening?

d. Can you show me that the change is happening?

e. If no change is happening, why not?

f. What can you do to motivate this person?

You can answer these questions honestly, knowing that the supervisor is there to help.

When you complete a self-review, you can discuss your feelings about the older person you are helping and review your skills in working with that person. The supervisor may help your self-review by asking questions about you such as:

a. How do you feel about this person?

b. How do you feel about the other people involved in this person's world?

c. How do you feel about the kind of help you are giving this person?

d. What skills do you have to help this person?

e. What successes have you had with this person?

f. What skills do you need to learn to help this person?

g. What knowledge have you used to help this person?

h. What knowledge do you need to learn to help this person?

Supervision can take a lot of time, so do not expect to cover all of the people with whom you work. By going through this process in detail for only a few people, you will learn to think about these questions as you work with others.

Example of Supervision Process

Marti is a helper working with James K., an 83-year-old individual. Marti describes James as a well educated widower who is really managing himself well, but to talk to him is very hard. He hears well, but he does not say much when she speaks to him. The supervisor suggests that Marti role-play how she talks with James. The conversation with the supervisor goes like this:

Marti: How are you today, James?

Supervisor: Fine.

Marti: Did you have a good weekend?

Supervisor: No.

Marti: Do you feel good?

Supervisor: No.

Marti: Can I do anything for you?

Supervisor: Yes.

Marti: What?

Supervisor: I'd like to have you walk me to the store and then carry my groceries home for me.

The supervisor asks Marti if she wants more than one word answers to her questions. Marti says yes, and the supervisor asks her to suggest different ways to ask for information. If Marti changes her questions, she can change the interaction.

Marti: Tell me how you are doing today, James.

Supervisor: I'm pretty good.

Marti: What are some of the things you did this past weekend?

Supervisor: I walked Saturday and cleaned my apartment. I watched Lawrence Welk Saturday night with my sister. Sunday, I went to church with my daughter.

Marti: How do you feel today?

Supervisor: Fine.

Marti: What can I do for you today?

Supervisor: I'd like to have you walk me to the grocery store and then carry my groceries home for me.

A final point about supervision needs to be made, and this concerns confidentiality. Confidentiality is protecting another person's right to privacy. By maintaining confidentiality, you do not reveal the names of the people you are helping or information about them except as allowed by your agency or organization.

Example of Sharing Confidential Information in Supervision

Bob approached his supervisor with a concern about an older person he was helping. The individual told Bob that he had a gun and was thinking about killing himself. He told Bob this only after Bob promised not to tell anyone what was said. Bob talked to the supervisor in general terms wondering what he could do. The supervisor told him that he should reveal the person's name not only because of agency policy but also because of a desire to protect the older person's welfare. He acted properly, then, in informing the supervisor of the identity of the older person. A more skilled professional can now approach the older person to learn if the threats of suicide are serious.

Skill Building Activities

1. Review the first goal for supervision. Here you and your supervisor review the progress each person you assist is making and how you are helping with that. Select one of the older people you are helping. Write down the answers to each question for that older person.

   a.

   b.

   c.

   d.

   e.

   f.

2. Review the second goal for supervision. Select one of the older people with whom you are working. Complete a self-review using that person by writing down the answers to each of the questions given in the text.

   a.

   b.

   c.

   d.

e.

f.

g.

h.

3. Ask your current job supervisor what your agency or organization's policy is on confidentiality and record the answer below.

Part 2 - Self-Review of Effectiveness

As stated earlier, evaluation of your work is necessary to help those you serve and perhaps to protect your job, and your agency or organization. The use of a supervisor to help you was discussed in the preceding section, and consultation with a professional counselor/supervisor is discussed following this section. A review of your effectiveness can also occur when you look at your own work. This is more difficult, but you can learn to be skillful at it.

A systematic way of helping is much like using a map. It is a step-by-step plan that can be used in helping any kind of individual with any type of problem. The use of a map in helping enables you to plan the assistance you will give another person and to have a reference to check when your helping is not progressing as planned. The steps to follow on the map are listed below.

Step 1. Determine this person's needs. You begin helping by gathering information from the older person and his or her surroundings that will help define the problem. The older person's thoughts and feelings about the problem are particularly important, because they may indicate willingness to work on a solution. At the end of gathering information in this step, you may state that "The need is...." This can be something as simple as adequate housing to something as complex as better nutrition, better communication skills, family support, better income, and improved health.

Step 2. Decide how you can help this person help him or herself. In this step, you and the person agree on how you will help and how the person will help him or herself. Here, the goal is to assist the person to do something he or she is not doing or to receive something he or she is not receiving. An actual contract may be used to gain a commitment and also motivate the person by specifying rewards to be received for progress toward the change. The contract is very specific about what will be done and by whom. It spells out goals for helping.

Step 3. Give help. These efforts involve helping the person lead a more satisfying life. This may include supervised efforts toward helping him or her learn new actions, decrease actions that are not satisfying, or increase actions intended to be satisfying. Helping may involve listening to the older person or referring him or her to someone with more helping skills or resources. Helping may involve the helper in advocacy activities on behalf of older persons, or any of the other activities you learned in this manual.

Step 4. Provide support. Progress toward the goal is important, but when it does not occur, this may be the result of fears, pride, rigidity, or not knowing how to act. Also, it may result from a weak relationship with you. Trust, relationship building, and not hurrying are keys to overcoming a lack of progress. You may need to provide lots of support to people who are trying to achieve their wants or needs. Your job supervisor and your professional counselor/supervisor can help you deal with this.

Step 5. Watch progress. Once the need has been defined and the helping efforts begun, you watch to see if all is going well. This is looking for progress or nonprogress. If progress is not occurring, ask your supervisor to help you look at the determination of the need. Perhaps you have not defined the problem or need accurately. Make certain of the older person's need and then redo Steps 2 and 3 as necessary to help meet the need.

Step 6. Evaluate fulfillment of the need. Evaluation of helping is best done by following a four-step procedure. This involves (a) specifying the need, (b) setting some observable goals intended to fulfill the need, (c) working toward these goals with planned actions, and (d) observing the results of these planned actions to see if the goals are achieved. This is part of the procedure outlined in this map.

Step 7. Terminate and follow-up. In terminating, or ending a relationship with an older person, you want to insure that either the need has been met or that a referral to another helper has been made. The older person will appreciate follow-up contacts, and the telephone is an easy way to do this. Follow-up involves checking to make certain that the person is continuing to progress and do well.

If you will follow the seven steps of this map in helping each older person, you will be easily supervised. Or you can self-supervise, and you will have a basis for the continued development of your helping skills.

Example of Using the Map in Helping

The following is a situation managed using this map. The older person is described first and then each step in the map is explained. This case provides an understanding of how the map can work to help you and the persons you serve.

George is a 65-year-old divorcee with problems getting around. He has back injuries from World War II, and his legs are weak. He lives in a small second floor apartment but has trouble moving about and occasionally falls. His arms are weak also, and he is sometimes unable to lift himself after a fall. He wants help.

Step 1. Determine This Person's Needs. George says that the help he wants has three parts. First, he wants someone to check on him each day to make certain that he is not lying on the floor unable to get up. Second, he wants help in getting a good meal each day. And third, he wants a visit from someone regularly because he cannot get out. His needs, then, are food preparation and a visitor each day.

Step 2. Decide how you can help this person help him or herself. There is little that George must do to change other than giving his apartment key to the visitor or meal deliverer. He agrees to this. Because services are available, application for them can be made.

Step 3. Give help. George now applies for services. It is decided that the local friendly visitor will deliver a noon meal each weekday from a hot meal site. On weekends, two church groups are contacted to bring in a noon meal each day. The friendly visitor and the church people are told that George would like conversation along with the meal, and they agree to stay 30 minutes each day. George agrees to put his apartment key on the ledge above his door.

Step 4. Provide support. At first George is slow to put the key out, and he admits to embarrassment about the condition of his apartment. The helper talks to the leader of one of the church groups, and it is agreed that the Saturday visitor will tidy up each week. He begins to put out the key.

Step 5. Watch for progress. George seems very happy with the visits and the meals each day. He is asked about this each week for eight weeks, and he is consistently positive.

Step 6. Evaluate fulfillment of the need. George's needs included being checked daily, receiving a daily meal, and receiving regular visits. The goals were for a daily check, a daily meal, and a daily visit. The giving of help as described in Step 3 is being carried out with the older person's satisfaction.

Step 7. Terminate and follow-up. Now that George is receiving visits and meals, the helper can choose whether to continue the relationship with George. His needs are being met, so perhaps occasional follow-up to ask if all is well is all that is needed.

Skill Building Activities

1. Why is it desirable to evaluate your work with older persons?

2. What is supervision intended to help you improve?

3. What is the purpose of the map in providing help to older persons?

4. What are the steps of the map?

SECTION B — SUPPORT SYSTEMS FOR SERVICE PROVIDERS

Part 1 - Forming Support Groups Among Helpers

Much of what you do as a helper will be done away from your fellow workers. You may chat with older persons in their homes or on a bus, or you may see them at a nutrition site or elsewhere. When you are helping an older person live a satisfying life, you alone are likely to know the joys and sorrows of that person. You may carry many personal feelings about the older person home with you each day.

It is important to manage these feelings and your relationship with each older person in a healthy manner. It is hard to work well when you are full of feelings of worry, frustration, confusion, and grief or sorrow. These feelings need to have a place where they can be expressed. The support group is a wonderful place to share feelings and learn how other helpers feel.

A support group is a coming together of interested helpers for the purpose of sharing problems and concerns. It is ideal to have the support group meet once a month, or more often, at an established place and time. The effectiveness of the group can be increased by having a skilled and experienced helper facilitate, or guide, the group. The group can provide an opportunity for members to discuss the feelings they have about their work and about the older people involved. Members should be allowed to express their joys, sorrows, and fears. In response, other members should practice their basic communication skills with attention to being supportive.

Support groups center on the idea that we need the care and concern of others to be effective in our work. The fully functioning support group has many purposes:

a. When you have others with whom to share the feelings you have about your work and yourself, you can avoid feeling alone. The other members of the group will let you know that they have similar feelings and have experienced what you have been through.

b. The group can help you reach better problem solutions. With more people thinking about how to help, you and the older person will benefit.

c. The group can be of assistance when there are no solutions to a problem, as in the case of someone who must live with poor health due to self-abuse from alcoholism. This type of problem can cause you much frustration, and the group can help you by allowing the outpouring of your feelings.

d. The group is invaluable when you must deal with the dying or death of an older person.

e. The group can keep you from being drained by your work. Through regular meetings, you can work through the joys, sorrows, and grief that you must bear. You will know that you are not alone in what you do; others who care about you will tell you to keep up your good work.

Example of Support Group

In a support group of workers from a nutrition site, Mary K. makes the following statement:

> I talked to a man at our site today, and his story really upset me. He is a widower who lives on his railroad retirement. He lives in an apartment, and each month for the past year the landlord has raised his rent. He likes where he lives, but the landlord is bleeding him by taking more and more of his income. The man I talked to hardly has enough to buy food, now, and he is worried about money to pay for heating. He needs help, but he asked me not to make trouble. What can I do? I feel so sorry for him.

Mary K. reveals a lot about someone she wants to help and about her own concerns, but she protects his identity and maintains confidentiality.

In this example, the service provider presents two problems. She wonders what she can do for this man, and she lets us know that she has feelings about him. Mary K. not only shows how to maintain confidentiality, but she is an example of what might happen in the support group. She is sharing herself with the group and asking for help with the older person. Members have a choice of what to help her with first. It is probably best to discuss her feelings before suggesting how to solve his problem.

Part 2 - Maintaining Job Enthusiasm

Helping is not easy. There are many things that can happen as part of the work day that can cause you frustration. You may have more paper work than you want, or you may want to help where problems are out of your control. You may have chosen this work with the hope of really helping people, and you may find that some can be helped, some do not want help, and some cannot be helped. The number of people you help may not be as many as you want to help.

Frustration may cause you to grow tired of your job and to lose the excitement you once had for it. Your high standards may run head-on into the frequent frustrations of problems that are out of your control. When this happens, you may be tired or crabby, may not like your job, may not like the people you serve, and may not like yourself. It is important to be aware of these feelings because they can lead you to become burned out.

Job frustration, or burnout, often can be avoided and cured by:

a. Having a good supervisor

b. Belonging to a strong, vital support group

c. Actively participating in available continued learning experiences

d. Having absorbing, away-from-the-job activities

The first three points are explained elsewhere in this unit. The fourth is very important to consider. To avoid increasing job frustrations, you need to be involved in family or hobbies away from work. A job gets old when it is the only thing you have to think or talk about. Frustration can be cured by stepping back from the job for a brief period of time and participating in the activities listed above. You must do these things for yourself and for those you want to help. If ignored, burnout can keep you from being a really effective helper.

Skill Building Activities

1. Answer the following questions about what you have just read.

   a. What can you gain from being a support group member?

b. What can cause you to lose enthusiasm for your job?

c. What can you do to keep your enthusiasm for your job?

2. List the names of six helpers you would like to have in a support group, ask them if they would be interested in joining you, and schedule a time and place to meet.

3. To help you avoid burnout, a personal plan for development is necessary. To begin, purchase for yourself a one-year calendar. Next, for each month, put your work and social commitments on the calendar. Now enter at least five occasions for each month when you will do things just for yourself. These can be recreational activities such as walks or movies. They can be naps or trips, or you might commit yourself to doing nothing. Finally, for each month, enter at least three times for professional development. You may need to read the rest of this unit to be able to do this. This involves setting aside time to read, to attend support groups, to receive supervision, or to attend a professional lecture or class. If you actually do what you commit, you will avoid being drained by your job.

4. Ask if you can join one of your agency or organization's supervisors as he or she visits an older person. Listen carefully to the conversation and notice how the professional responds. After you leave the older person, question the professional on how he or she decides what to say. Keep a diary of what you learned.

5. In your support group, have each member complete the sentence "When I think of myself as old, the thing that worries me most is . . . ." Encourage members to share all of the thoughts and feelings they might have. You can even ask them to describe themselves physically and socially at ages 65, 75, and 85. Keep a diary of what you learned about yourself and others.

6. In your support group, have each member worry aloud about one of the people they serve. Worry might concern their physical, economic, social or mental well-being. After the group member has gotten all of the worry out, invite other members to summarize what has been said. Then have them offer suggestions as to how the older person can be helped through

specific actions. Keep a diary of what you learned about yourself and others and of what you can do to help the older persons with whom you work.

7. In your support group, have each member present a success story to the group concerning how he or she helped an older person. This can be something very simple such as opening a door or answering a question, or it can be more complex such as finding housing for someone. The size of the helping act is not important, but the fact that it occurred is very important. Have each member describe what he or she did for the person and then tell why they feel good about it. Have other members summarize what is said. Keep a diary of what you learned about yourself and others and of what you can do to help the older persons with whom you work.

SECTION C — OPPORTUNITIES FOR CONTINUED LEARNING

The more you work as a helper, the more you will realize that you do not have all of the skills or knowledge that you need. Sometimes situations will occur in which you feel unable to help. You may wish that you could do more, or know more, to help someone. This frustration can cause you to be less effective in your work unless you do something about it. One thing you can do is seek out and participate in continued learning.

Numerous opportunities for continued learning are available to all helpers. These opportunities can be very informal, such as a chat over coffee or the reading of an article in a newspaper. Or, they can be as formal as taking a course or working in a highly supervised job. The point is to commit yourself to an ongoing program that includes some of the sources of learning described below.

Part 1 - Sources of Continued Learning

There are two types of continued learning in which you can engage: informal and formal. Informal learning takes place in a casual way, and it is usually up to you to schedule and complete it. It can involve reading materials that will broaden your knowledge or discussing concerns with your supervisor or support group. Formal learning, on the other hand, is usually scheduled by someone else and takes place in a structured setting. The following are sources of formal continuing education.

Community Colleges

Almost all states have community colleges intended to make higher education easily available to all people. The community college can provide continued learning through formal coursework and workshops. The community college is also likely to have an office for continued or lifelong learning, and here you may get help arranging special workshops on topics of interest to you. Most community colleges also have a student services center staffed by trained personnel who may have an interest in supervising you or who may be able to help you with job problems or decisions. Finally, do not forget the campus library and bookstore as sources of journals, newspapers, and books.

Colleges and Universities

Your state has several public and private four-year colleges and universities that offer a greater range of formal coursework and workshops. Some colleges and universities will present courses and workshops away from their campuses. When you live a considerable distance from the campus, the continued or lifelong learning office of these schools can be helpful. The counseling centers or counselor education programs at the colleges and universities can be a resource for supervisors, especially if the school trains counselors. Finally, colleges and universities have larger libraries and bookstores than community colleges and may have the specialized books, journals, and newspapers that meet your needs.

List the community colleges and four-year colleges and universities in your area.

Educational Institutions.

name:

address:

phone number:

contact person:

notes:

name:

address:

phone number:

contact person:

notes:

name:

address:

phone number:

contact person:

notes:

Community Mental Health Programs

Along with the community college, the community mental health program is a local source of continued learning. The program's personnel have been professionally trained as helpers and can assist in your training if they have the time and appropriate experience. The program may also conduct in-service training for its staff and may let you become involved if you contact the person who coordinates this training. Some community mental health centers employ people who specialize in consultation and education, and they may be able to offer training to meet your needs. Making contacts at your local community mental health center can also give you access to its resources. These may include specialized books, journals, and newspapers as well as specially trained personnel.

Community Mental Health Programs.

name:

address:

phone number:

contact person:

notes:

name:

address:

phone number:

contact person:

notes:

Regional Education and Training Programs

The Administration on Aging of the U. S. Department of Health and Human Services has funded several regional education and training programs. These projects are intended to train aging network personnel at various educational levels to meet the needs of older persons. Your involvement in these projects depends on their purpose. They do have great potential for promoting your continued learning. To request information on the projects or to obtain the location of the area agency on aging in your area, you may write to the Administration on Aging:

Administration on Aging
U.S. Department of Health and Human Services
North Building
330 Independence Avenue, S.W.
Washington, D.C. 20201

When you have heard from them, write to the project directors or the director of the area agency on aging giving them your background and position, and ask how you can become involved in their work. Also, colleges and universities with Administration on Aging funded education and training programs are likely to have strong library resources in gerontology.

Regional Education and Training Programs.

name:

address:

phone number:

contact person:

notes:

name:

address:

phone number:

contact person:

notes:

Part 2 - Assessing Your Continued Learning Needs

Now that you know of some sources of continued learning, the next step is to do a study of your training needs. The following questions are intended to help, and it is suggested that you write out the answers to them. Spend some time thinking about the answers before writing and do not be afraid to ask for assistance from your fellow workers, your supervisor, or the older people you serve. For each question be as honest and specific as you can be, and use the space below each question for your answer.

a. What problems of older persons do I find difficult to help them solve?

b. What questions do I often ask of my supervisor or of my support group?

c. What skills (actions) do my supervisor or my support group say that I need to learn or refine?

d. What knowledge (information) does my supervisor or my support group say that I need to learn or refine?

e. What skills (actions) will I need to advance to a better position?

f. What knowledge (information) will I need to advance to a better position?

g. What skills (actions) can I learn to help the older people I serve more effectively?

h. What knowledge (information) can I learn to help the older people I serve more effectively?

i. The skills I need to learn are:

j. The knowledge I need to gain is:

Locating an Appropriate Continued Learning Source

If you have been careful in completing the preceding self-analysis, this list will represent your training needs and will help you find the best sources for your continued learning. A good way to proceed is to share the list of your training needs with your supervisor or the contacts you have made at the following places:

a. Your local and regional community colleges, colleges, and universities.

b. Your local and state community mental health centers and programs.

c. Your regional Administration on Aging education and training programs and area agency on aging, and

d. Your local, regional, or national organizations interested in older people.

In sharing your list with people in these settings, you will want to ask what their particular institution has to offer to meet your needs. In cases where the program does not know how it can help, or where you are told it cannot meet your needs, ask where you should go for training or more information. Write down where you can have your training needs met:

Locally____

Regionally____

Part 3 - Scheduling Continued Learning

There are two final steps to getting yourself involved in continued learning. First, you need to make a personal commitment to do it. Second, you need to make a calendar commitment. Your personal commitment must be based on what you need and how much time and money you have available. Formal supervision and coursework can be expensive and can use both your time and energy. Decide what you can afford in time, energy, and money and set a realistic commitment for yourself. Remember that over-commitment, even to improve yourself, can lead to burnout. Once you have decided how you want to commit yourself, schedule it on your calendar and keep this commitment to yourself.

Skill Building Activities

1. Why would a helper look for continued learning?

2. What are two local sources of continued learning?

3. In the "Opportunities for Continued Learning" section of this unit, you completed a study of your training needs. Share the results of this with your supervisor and ask for feedback and additional suggestions as to what areas of your helping can use additional work. Ask where you might get this continued learning. Keep a diary of what you learned.

4. Visit the community mental health center in your area and talk to the person responsible for in-service training programs. Ask how you might become involved as a spectator in these programs and offer to conduct an orientation program for the community mental health center's staff on your work and the needs of older people. Keep a diary of what you learned and enter dates on your calendar.

5. Visit the community college in your area, your area agency on aging, and even the colleges and universities in your state or region. Request information on courses or workshops in the areas in which you want further training. Keep a diary of what you learned and also put this information in your "calendar of commitment."

SECTION D—CONTINUED DEVELOPMENT THROUGH ORGANIZATIONS

A service provider can continue to grow through further learning and through involvement in organizations interested in older people. Involvement encourages professionalism, which is the quality of maintaining high standards in your work. Helpers with professionalism stand out because they do not simply work "for the money." They take pride in their accomplishments and are happy to serve.

There are many advantages to engaging in continued growth through organizations. First of all, there can be interaction with fellow helpers both socially and in discussions, seminars, and conventions. These opportunities can be very stimulating. They often lead to invaluable contacts for referrals and even future employment. Also, these associations can provide you with new information and skills. Membership entitles you to receive the organization's publications and participate in its activities. The publications are of tremendous value in keeping current on knowledge and skills, and they also outline issues that affect your professionalism.

As a member of an organization, you can volunteer for committee work where you will meet new people and gain a strong sense of satisfaction and accomplishment. You may want to go beyond committee involvement and run for local, state, regional, or national office in your organization. Finally, involvement gives you identity. The people in your community will know that you are committed to helping older persons, and your peers will see you this way, too.

Part 1 - Sources of Professional Development

The following is a listing of organizations to which many service providers belong. Included in the listing are some special advocacy groups that actively pursue the many causes of older persons.

National Gerontological Organizations

AARP/NRTA/AIM
1909 "K" Street, NW
Washington, DC 20049

The American Association of Retired Persons (AARP) and the National Retired Teachers Association (NRTA) are separate organizations that work cooperatively to help people live productive and fulfilling retirement years. Through local chapters and units, members become involved in serving their communities. Action for Independent Maturity (AIM) is a division of AARP intended to promote retirement planning. This is a source of information for retirement living, political activities, and advocacy on behalf of 12.5 million members.

Gray Panthers
3635 Chestnut Street
Philadelphia, PA 19104

This is an activist and advocacy group dedicated to eliminating "ageism," discrimination on the basis of age. The Gray Panthers promote the idea that "every person, regardless of chronological age, has much to contribute to society." It is open to persons of any profession or age and seeks to attract people interested in social change. The Gray Panthers have local chapters and publish a newspaper.

National Council on Aging
1828 "L" Street, NW, Suite 504
Washington, DC 20036

The National Council on Aging (NCOA) is a nonprofit organization; any individual may join. NCOA's funds are used as "central national resource for research, planning, training, information projects, technical consultation, and publications relating to older persons." It sells numerous publications that are intended to inform and train service providers and other professionals who work with or on behalf of older people.

National Interfaith Coalition on Aging
P.O. Box 1924
298 South Hull Street
Athens, GA 30603

The National Interfaith Coalition on Aging (NICA) is an organization of Roman Catholic, Protestant, and Jewish faiths. It involves the religious sector in programming and services for older people and works to promote involvement by churches and synagogues in "improving the quality of life for the aging." NICA assists aged persons and those who work with them through education and research and serves as a storehouse of materials for member use.

Regional Gerontological Organizations

Mid America Congress on Aging
701 North 7th Street, Room 510
Kansas City, Kansas 66101

Northeast Gerontological Society
Rhode Island College Gerontological Center
600 Mt. Pleasant Avenue
Providence, RI 02908

Southern Gerontological Society
Box 650, University Plaza
Atlanta, GA 30303

Western Gerontological Society
785 Market Street, Suite 1114
San Francisco, CA 94103

Regional organizations are intended for all persons interested in promoting the well-being of older persons. Their membership includes researchers, educators, service providers, older persons, and students of aging. Each has a newsletter or journal as well as committees dealing with the many issues in gerontology.

Skill Building Activities

1. Why would you want to join an organization interested in older people?

2. How can an organization assist you in developing professionalism?

3. Write to your regional gerontological society or association. Ask for details regarding membership, the location of their next convention, and how you can become involved in the organization locally or regionally. Keep a diary of what you learned and find a place for this on your "calendar of commitment."

4. Go to your public library and to libraries at nearby colleges and universities and ask to see the gerontology and helping texts and journals. Some of these may be too academic to be of interest, but look through them and locate some that meet your needs. Inquire as to checkout procedures and privileges. Either check-out a text or journal or schedule a time to return to do further readings. Keep a diary of what you found as resources and of what you read. Also, note in the diary what you learned from your readings. Share this with your support group.

5. Attend the local meetings of both the Gray Panthers and the AARP/NRTA. (If they have chapters locally, there will be numbers in the telephone book.) Learn the issues about which these groups are concerned and how you can become involved in their work. Keep a diary of what you learned and of the contacts you made. Report this back to your support group.

SUMMARY

The intent of this unit has been to encourage you to grow beyond this manual and training program. Its purpose is to provide ways in which you can "keep up the good work" of helping older persons. Emphasis has been on continued learning through on-going supervision and feedback, and through your own self-review. You are encouraged to use support groups to:

a. avoid feeling alone;

b. reach better problem solutions;

c. receive support when there is not a problem solution;

d. give support in cases of death and dying; and

e. avoid being drained by the job.

You must stay enthusiastic about helping and pursue opportunities for continued learning and organizational membership. You can continue to grow if you will accept the challenge.

KEEP UP THE GOOD WORK!

GLOSSARY

Active Listening - The skill of attending carefully to what another person says and conveying this attention with posture, eye contact, facial expressions, and sometimes words.

Accurate Understanding - In effective communication, the helper lets the person know that what he or she has said has been heard and understood exactly as it was meant.

Advocacy - Pleading the cause of another or functioning as a support.

Affective - Having to do with feelings and emotions.

Age Biases - Those preferences, inclinations, or beliefs that prejudice or influence one's attitudes or actions toward older people.

Ageism - Prejudice or discrimination against older persons as a group.

Aging Network - The system of federal, regional, state, and local agencies established under the Older Americans Act to plan, develop, administer, and provide services to older persons.

Aggressiveness - Standing up for your rights, but stepping on someone else's rights.

Assertiveness - Behavior that allows a person to stand up for rights, get needs met, and express feelings while not controlling or exploiting another; standing up for your rights without hurting another person.

Attending Skills - The use of eye contact and body language to indicate you are paying attention to another person.

Avoidance - Being aware of an unpleasant, painful, or threatening situation, but not acknowledging your own participation in it.

Basic Helping Skills - Listening skills and effective interpersonal relations skills that are used by one person with the goal of assisting another person or offering needed support.

Behavior - Anything that a person does or says.

Bereavement - Suffering from loss of a loved one by death, characterized by grief and mourning.

Biological Age - Refers to how much longer a person will be able to live and how well his or her body systems are working.

Body Language - The message or attitude conveyed by how one positions one's body (e.g., leaning forward to show interest, sitting back and seeming aloof).

Burnout - A state of being emotionally and physically drained by one's work to the point of impaired job functioning.

Caring - An expression of concern for a person's well-being.

Closed Questions - Questions phrased in a manner that limits the choice of responses, usually to a single response.

Cognitive - Having to do with the intellect or thinking.

Communication - The act of conveying meaning to another person.

Communication Skills - Those attitudes and techniques that enable a person to interact effectively with others (i.e., listening, reflecting, effective questioning, confrontation, touching, maintaining eye contact, etc.).

Concrete - Specific and observable

Confidant - A person in whom you share and confide your deepest feelings and thoughts.

Confidentiality - Protecting and not revealing what people say to us within legal and ethical boundaries; the responsibility not to reveal information of a personal nature that has been obtained in the course of a professional relationship.

Confrontation - (also termed assertion). A straight-forward way of talking in which one person tells another his or her thoughts and feelings in an honest and respectful manner.

Congruence - Agreement between an individual's potential and actual attainment, or between an ideal self and actual functioning self.

Congruent - When a helper's acts and attitudes match, they are congruent; a necessary component in building trust.

Contract - An agreement between the helper and the older person in which the older person agrees to perform specific actions (behaviors) and then receives specific rewards.

Counseling - The process through which a trained counselor assists an individual or group to make satisfying and responsible decisions concerning personal, educational, social, and vocational development (HR 1118, U.S. House of Representatives, 1977).

Counselors - Professionally trained persons who help individuals make satisfying decisions and life adjustments; see counseling.

Denial - Dealing with a painful, unpleasant, or threatening event by ignoring it. Acting as if it is not happening or has not happened.

Dependent - The state of leaning on or counting on someone else for some kind of help.

Developmental Process - An occurrence or changes over the life span.

Empathic Response - A statement made to another that lets him or her know that you understand his or her feelings; a response that reflects the feelings attached to what is being said.

Empathy - The ability to recognize and understand another's feelings; to put oneself in the other person's place, seeing the world the way the other sees it, without losing one's own identity or objectivity.

Ethics - The appropriate moral and philosophical principles of conduct governing a trained professional or paraprofessional helper when acting in a helping capacity.

Evaluation - A determination of the significance or worth of your work, usually by careful appraisal or study; looking at your work to see if what you wanted to achieve actually happened.

Facilitative Conditions - A combination of attitudes, actions, and environments that serve to make a situation or helping relationship easier.

Feedback - Any information given by one person in response to a statement(s) made by another. Feedback may be objective and provide information about actions or words of another or subjective and relate how something someone did made you feel.

Formal Helpers - Those persons who are professionally trained and experienced in the provision of counseling services to older persons (i.e., a professional counselor, therapist, psychologist, etc.).

Genuineness - When helpers are themselves and do not have phony airs, they are believable and "feel" genuine to an older person.

Geriatrics - The medical study of the physiology and pathology of old age.

Gerontologists - Those who study the physiological, psychological, and social aspects of aging.

Gerontology - The scientific study of the physiological and social phenomena associated with aging.

Helper - One who contributes to the fulfillment of a need or to the achievement of a purpose or goal in working with older people.

Helper's Values - Those basic ideas or attitudes that have high importance to the individual and that influence decisions and actions (e.g., helpers often share the value that it is important and desirable to promote the well-being of another person).

Helping - Offering various types of assistance or emotional support to persons who clearly have indicated their need for such assistance.

Helping Relationship - A relationship in which one person seeks another for understanding, comfort, advice, or recommendations for possible action.

High Risk Responses - A response given to an expressed problem or concern that may: block the free flow of communication between people; lower the self-esteem of the other person; trigger defensiveness or resistance; diminish the individual's sense of responsibility; communicate hidden messages; or keep the other from finding a solution to his or her own problem.

Holistic - Viewing the person as a whole, with all aspects of functioning interrelated; especially seeing mental and physical health as interrelated.

Hospice - A form of care that is extended to persons who are dying and their families; may entail medical, social, and psychological support services and often occurs in the home.

Informal Helpers - Individuals who are of assistance to an older person on an informal, unstructured basis (i.e., friends, relatives, co-workers, paraprofessionals, etc.).

Informal Support System - Sources of help and encouragement that occur naturally, such as family, friends, or neighbors.

Leading Questions - Questions that suggest to the other person what his or her response might be.

Life Review - The process of looking back over one's life, generally focusing on questions such as Who am I? Who have I been? and How did I live my life?

Listening Skills - One form of communication skills that enables the helper to learn more about the older person as a unique individual and simultaneously promotes a sense on the part of the older person of being fully understood.

Loaded Question - A question that attempts to control the response of another verbally or behaviorally; one that leaves a person in a double bind — no matter what the answer, the person ends up in trouble or admitting fault.

Mental Health Counselor - A professional counselor who deals with people's emotional problems.

Nonjudgmental - Listening and accepting an individual's statements without moral or evaluative responses.

Older Persons - Although subject to many interpretations, for the purpose of this manual, older persons are those individuals 60 years of age or older (as defined by the Older Americans Act).

Open Questions - Questions that may be answered any number of ways; used to increase discussion and help conversation.

Openness - Being able to reveal one's own feelings — being honest about one's own personal reactions.

Paraphrasing - The technique of accurately listening to what another person is saying and then restating the meaning of what was said back to that person.

Paraprofessional Helpers - Those persons who have received some training in communication skills that enables them to assist older persons in addition to performing their particular job or providing a particular service.

Peers - Persons belonging to the same group in society, especially when membership is determined by age, grade, or status.

Positive Regard - One of the "facilitative conditions"; a belief in the worth and dignity of the other person and a feeling of caring.

Privacy - The right not to have information about you revealed to others.

Professional - One who has met certain predetermined criteria in an occupational field, and has acquired a considerable amount of knowledge and skill.

Professionalism - Maintaining high standards and following certain ethical rules in your work.

Psychiatrists - Medical doctors concerned with the treatment of difficulties related to mental and psychological functioning; difficulties may range from problems in living to diagnosed mental illness.

Psychological Age - How well a person is able to adapt to the changes and demands of living.

Psychologists - Professionally trained persons who study the behavior of individuals and groups in an effort to understand their capacities, traits, and behaviors, and work with individuals to help them achieve satisfactory personal adjustments.

Rap Group - A small gathering of people, usually less than 10, who meet to talk freely and frankly about similar interests or problems; see also support group.

Rapport - A condition of mutual understanding, respect, and sustained interest between the helper and the older person.

Reflective Listening - A special way of responding to people in which you indicate that you understand both their thoughts and their feelings.

Reminiscence - The process or practice of thinking or telling about past experiences.

Resistance - A sometimes conscious and often unconscious effort on the part of one person to oppose or not to accept the help of another.

Respect - A basic aspect of a helping relationship, it is an act of giving particular attention, consideration, or a high or special regard to the other person.

Roadblocks to Communication - Any verbal or nonverbal barrier to effective interpersonal interaction.

Secondary Gains - Advantages gained from our troubles or problems that we do not want to lose.

Self - The entire person of an individual.

Self-Disclosure - Sharing relevant personal feelings, experiences, and information; may be done to encourage openness on the part of the other person.

Self-Help Groups - Groups of people sharing a common difficulty who meet to offer one another support and assistance.

Self-Esteem - The way in which a person sees and feels about him or herself; pride in oneself.

Self-fulfilling Prophecies - Those expectations of oneself, or others, that tend to dictate the way you will act. When people believe a thing is so, they are likely to behave in ways that make it so.

Self-Help - Doing those things and being responsible for decisions that are within the physical, social, and psychological means of the individual.

Service Providers - Those persons who work with older persons every day in a variety of capacities to help them meet their daily needs.

Skill - A learned ability of doing something competently; a developed aptitude or ability; a special action or talent that you have been trained to do or that you can learn to do.

Social Age - The way in which people are expected to act because they are a certain age.

Substance Abusers - Persons who use drugs or alcohol to the point where the drug use is harmful to them.

Support Groups - A gathering of interested persons (who may be helpers) for the purpose of sharing problems and concerns. See also rap group.

Support Systems - Support Network - Personal and community resources that help persons obtain what they need, including self-esteem; they help the individual deal with problems and challenges; enrich the meaningfulness of life.

Unfinished Business - This can occur when ending a relationship or separating from friends or relatives; those feelings that linger on because they are tied to thoughts unspoken or feelings unexpressed before ending the relationship.

NATIONAL PROJECT on COUNSELING OLDER PEOPLE:

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As described in the Manual Development section of this book, one of the major steps taken to assure that this manual would meet the needs of its intended users was the field testing of each unit. Educators in the fields of counseling and gerontology, aging network administrators, and service providers were selected to participate in this effort because they represented the population of eventual users of this manual. The combined knowledge and expertise of these particular groups of people were sought to help shape the contents of the manual and extend its value as a training resource.

At each of the five field tests, participants met for 2-1/2 days to review, comment on, and evaluate the individual units. Subsequently, their comments were collated, summarized, and forwarded to the author(s) of each unit. The authors were asked to read the comments and to revise their units to meet the needs of people in the field.

The listing of participants which follows is included in this manual to acknowledge the valuable contribution these individuals made to its development. The project staff and authors for this manual sincerely appreciate the knowledge, expertise, time, and energy each individual contributed to assure the successful and timely publication of this text.

Below is a list and explanation of special notations used throughout the Directory:

Symbol	Notation	Explanation
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*	Additional Team Member	A person who is a member of the team of which the Workshop Liaison is also a member.

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